

Scholarship Application

APPLICATION FORM
Friends of the Oberlin College Libraries
Graduate Library School Scholarship

Last Name: _____ First Name: _____ Middle Initial: _____

Maiden Name (if applicable): _____

Primary Mailing Address: _____

Permanent Home Address (if different from above): _____

E-mail Address _____

Phone Number: _____

Social Security Number: _____

Library Schools

Please list the Masters Degree Programs in Library and Information Studies to which you have applied. It is not necessary for you to have received notice of acceptance at the time of application. However, you must have been formally admitted to a program in order to accept the scholarship.

Institution One: _____

Institution Two: _____

Institution Three: _____

Institution Four: _____

Educational Information

Please list all colleges, universities, graduate and professional schools at which you have earned credit.

Institution: _____

Dates Attended: From: _____ To: _____

Major: _____

Degree date: _____

Institution: _____

Dates Attended: From: _____ To: _____

Major: _____

Degree date: _____

Institution: _____

Dates Attended: From: _____ To: _____

Major: _____

Degree date: _____

Work Experience

Institution/Organization: _____

Title: _____

Nature of Work: _____

Date of Employment: From: _____ To: _____

Institution/Organization: _____

Title: _____

Nature of Work: _____

Date of Employment: From: _____ To: _____

Institution/Organization: _____

Title: _____

Nature of Work: _____

Date of Employment: From: _____ To: _____

Institution/Organization: _____

Title: _____

Nature of Work: _____

Date of Employment: From: _____ To: _____

Organizational Participation

Participation in Honors Society or Professional Organizations, as well as any awards, scholarships, prizes, honors, or class offices:

Leadership Skills

Please describe briefly your leadership skills, for example, through community, civic, or volunteer experiences.
