



APPLICATION FORM
Undergraduate Degree Scholarship
Deadline April 15

Please answer each item as clearly and completely as you can.

Note: Incomplete applications will not be considered.

Name		
Address		
City	State	Zip
Telephone: Home /Cell	Work	
Email		
Have you received a Foundation Scholarship before? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, indicate the year & type)		
Please provide responses to the following on separate sheets of paper.		
1. List the colleges, universities, and professional schools at which you have either received credit toward or are accepted or enrolled in an undergraduate degree program. Include major field of study, grade point average, credit received and date. Provide a copy of your official transcript(s).		
2. List any scholarships, fellowships, and honors received during undergraduate school.		
3. Outline your employment record, beginning with your most recent position. Include dates, employer, address, nature of work and whether in a paid or unpaid capacity.		
4. Describe community, civic, or volunteer work including organization, dates, and activities.		
5. In one to two pages, please indicate specific competencies or characteristics you believe you have to offer the field of librarianship, noting those activities which indicate your potential for achievement in the profession. Include your plans for professional work after completion of your proposed plan of study and a statement of your commitment to a career in librarianship. You must clearly indicate your intention to work in the FCPL system.		
6. Provide two references from individuals, but not relatives, who are well acquainted with your background and abilities. One of the two references should be from a librarian or a supervisor in the FCPL system.		
√	Check to make sure your application:	
	is postmarked or received by April 15	
	is complete	
	includes two references	

Scholarship Committee decisions are final and not subject to appeal.

Agreement -- If I am awarded an Undergraduate Degree Scholarship, I agree to complete the covered course work or be subject to repayment of the full amount of this scholarship award within six (6) months. Upon the completion of this course work, I agree to provide an official transcript to the Foundation's Scholarship Committee. I authorize use of my name, photo and narrative excerpts to promote the Foundation's Scholarship Program for publicity purposes.

 Applicant Signature

 Date

Send your application to: Fairfax Library Foundation
 Attn: Undergraduate Degree Scholarships
 12000 Government Center Parkway, Suite 329
 Fairfax, VA 22035