



√		Please answer each item as clearly and completely as you can. Incomplete applications will not be considered	
1.	Name		
2.	Address		
3.	City	State	Zip
4.	Telephone	Home/Cell	Work
5.	Email		
6.	Present position	<input type="checkbox"/> paid <input type="checkbox"/> volunteer	
7.	FCPL branch or office where employed/volunteering		
8.	Length of service with library system		
9.	Statement of expected length of future service with the library system		
10.	Description of event (course, program, seminar, conference, workshop, etc.) Title Sponsor Date Have you applied for this event before? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Attach</b> brief descriptive material (usually should not exceed 1 page)		
11.	Amount of scholarship requested (must be at least \$150 but no more than \$1000)		\$
12.	How scholarship will be used Registration Travel Books Other <b>Attach</b> verification of cost and/or receipts		\$
13.	Please list other funding applied for or received for this event--show source(s)		\$
14.	Explain how this event contributes to enhancing the delivery of library system services and/or how it will increase your effectiveness (25 words or less; <b>attach</b> separate sheet if necessary)		
15.	Have you received a Continuing Education Scholarship within the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No		

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Send your application to: Fairfax Library Foundation  
 Friends Scholarship Fund  
 Attn: Continuing Education Scholarships  
 12000 Government Center Parkway, Suite 329  
 Fairfax, VA 22035