

Answer each item as clearly and completely as you can. *Complete the checklist on the left.*

NOTE: incomplete applications will not be considered.

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1.	Name
2.	Address
3.	City State Zip
4.	Telephone Home/Cell Work
5.	Email
6.	Present position paid <input type="checkbox"/> volunteer <input type="checkbox"/>
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? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, provide date <i>Attach brief descriptive material (usually should not exceed 1 page)</i>
11.	How scholarship will be used: Registration \$ Books/materials Travel-related expenses Other (specify) <i>Attach receipts or other verification of costs</i>
12.	Show the amount of other funding received for this event—also, show source(s) \$
13.	Total Amount of scholarship requested (<i>the maximum scholarship is \$1000</i>) \$
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; attach separate sheet if necessary)
15.	Have you received a Continuing Education Scholarship within the past year? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, indicate date:

Have you completed the checklist on the left?

Scholarship Committee decisions are final and not subject to appeal.

 Applicant Signature

 Date

Send your application to:

Fairfax Library Foundation
 Attn: Continuing Education Scholarships
 12000 Government Center Parkway, Suite 329
 Fairfax, VA 22035