



APPLICATION FORM
MLS Scholarship
Friends Scholarship Fund
Deadline April 15

**Please answer each item as clearly and completely as you can.
 Incomplete applications will not be considered.**

Name		
Address		
City	State	Zip
Telephone:	Home /Cell	Work
Email		
Have you received a Friends Scholarship Fund MLS Scholarship before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, year		
Please provide responses to the following on separate sheets of paper.		
1. List the colleges, universities, and professional schools at which you earned a degree or received credit. Include major field of study, grade point average, degree received and date. Also include graduate course work toward a Library Science degree and a provide a copy of your official transcript.		
2. List any scholarships, fellowships, and honors received during undergraduate and graduate 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.		
6. Provide two references from individuals, but not relatives, who are well acquainted with your background and abilities. One of the two references must be from a librarian.		
√	Check to make sure your application:	
	is postmarked or received by April 15	
	is complete	
	includes two references	

Agreement -- If I am awarded a MLS Scholarship, I agree to complete the covered course work or be subject to repayment of the full amount of this scholarship award within six months. Upon the completion of this course work, I agree to provide an official transcript to the Friends Scholarship Fund. I authorize use of my name, photo and narrative excerpts to promote the Friends Scholarship Fund for publicity purposes.

 Applicant Signature

 Date

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