

WMLA SCHOLARSHIP APPLICATION
FOR WMLA ANNUAL MEETING
ALL TOGETHER NOW: RESEARCH AND LIBRARIANS
MARCH 25-26, 2010

Your Name:

Are you currently a member of Washington Medical Librarians Association?

Your contact information

Street Address:

City:

State: Zip/Postal Code:

Phone:

Fax:

Email:

School and work information

Are you working in a Library now?

Job Title:

Library:

Organization:

If you are a student:

Library School:

Library School City, State: Anticipated Completion Date:

List relevant courses completed:

Budget

Please attach the estimated budget detail for the activity, including: travel, lodging, registration, continuing education course fees, the estimated total cost of attendance for you and the total amount requested.

Personal statement

Please attach a *brief statement* (no more than 200 words) explaining why this course/program/meeting will be of benefit to you or your organization. Include in your statement other factors that will support your request.

I have read and agreed to the conditions stipulated on the Scholarship Information page, WMLA Library Professional.

Signature: _____ Date: _____

Send completed application and personal statement by March 19, 2010 to:

Andrea Ryce
Attn: WMLA Scholarship
ryce.a@ghc.org

Decision: YES NO

Date Notified: