

Librarian & Paraprofessional FHSLA Scholarship Application 2009

Deadline for receipt of application - TBA

1. Name: _____

2. Institution: _____

3. Address: _____

4. Phone Number: (_____) _____

5. Email: _____

6. Will this be your first time attending the FHSLA annual meeting?

7. Will you be presenting a paper or poster at the meeting?

8. Are you on an FHSLA committee? If so, please list committee.

9. Does your institution provide you with a budget to attend meetings?

10. Please list the meetings you attended last year and indicate the percentage of funding provided by your institution:

<u>Meeting</u>	<u>Date</u>	<u>% Funded by Institution</u>
----------------	-------------	--------------------------------

11. Please list the meetings you are planning to attend this year and indicate the percentage of funding provided by your institution:

<u>Meeting</u>	<u>Date</u>	<u>% Funded by Institution</u>
----------------	-------------	--------------------------------

12. On a separate sheet of paper, please state what you expect to gain professionally and/or personally by attending the FHSLA annual meeting?

I hereby state that, to the best of my knowledge, all information in this application is correct.

Signature of Applicant

Date

Signature of Supervisor

Date

Rose Bland
Shimberg Health Sciences Library
University of South Florida
12901 Bruce B. Downs Blvd., MDC31
Tampa, FL 33612
813-974-2289
813-974-4840 Fax
rbland@healthlib.usf.edu