

FHSLA Scholarship Application 2009 Librarian & Paraprofessional

Deadline for receipt of application – March 15, 2009

1. Name: _____

2. Institution: _____

3. Address: _____

4. Phone Number: (_____) _____

5. Email: _____

6. Will this be your first time attending the FHSLA annual meeting? ___ Yes ___ No

7. Will you be presenting a paper or poster at the meeting? ___ Yes ___ No

8. Are you on an FHSLA committee? ___ Yes ___ No If yes, please list committee:

9. Does your institution provide you with a budget to attend meetings? ___ Yes ___ No
If yes, please explain.

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

<u>Date</u>	<u>Meeting</u>	<u>% Funded by Institution</u>
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11. Please list the meetings you are planning to attend this year and indicate the percentage of funding provided by your institution:

<u>Date</u>	<u>Meeting</u>	<u>% Funded by Institution</u>
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12. Are you requesting a scholarship for: ___ Meeting Registration ___ CE ___ Both

13. 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

Signature of Supervisor

Date

Date

Please send this form and all accompanying information via mail, fax, or email to:
Kathleen Moeller, FHSLA Awards Committee Chair, Borland Health Sciences Library, University of Florida
653-1 West 8th Street, LRC-2 Jacksonville, FL 32209
904-244-3240 -- 904-244-3191 Fax -- kmoeller@ufl.edu

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