

# 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 8<sup>th</sup> Street, LRC-2 Jacksonville, FL 32209  
904-244-3240 -- 904-244-3191 Fax -- [kmoeller@ufl.edu](mailto:kmoeller@ufl.edu)

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