Thusnelda Schmidt Scholarship Application Form

Application Postmark/Submission Deadline: January 31, 2014

NAME __________________________________________

TITLE __________________________________________

LIBRARY __________________________________________

HOME ADDRESS ____________________________________

CITY ____________________________ STATE ______ ZIP ______

TELEPHONE _______________ E-MAIL ____________________

Education (Degree(s), Date(s), Institution(s), Major Field(s) of Study):

________________________________________________________________________________________________________________________________________________

Work experience (Institution, Dates, Title or Type of Work):

________________________________________________________________________________________________________________________________________________

List professional and educational associations (local, state, and national) of which you are a member, indicating any offices held:

________________________________________________________________________________________________________________________________________________

List any contributing education activities (workshops, conference, seminars, classes, etc.) you have attended during the last three years:

________________________________________________________________________________________________________________________________________________

Briefly describe the library program in which you work (number of children served, programs, etc.):

________________________________________________________________________________________________________________________________________________
How will your attendance at the regional or national conference benefit you and others?

__________________________________________________________________________

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If granted this award, I agree to attend the chosen conference. If I am unable to complete the terms of this award, I will provide written notice to the Chair of the Youth Services Community of Interest.

Applicant Signature ________________________________________________ Date: ______________

Please provide confirmation from your employer that you have approval to accept the award and to attend this year’s conference.

Supervisor Signature ______________________________________________ Date: ______________

Send completed application to:

Melissa Horak-Hern, Kansas City Public Library: Plaza Branch, 4801 Main Street, Kansas City, MO 65804