

Thusnelda Schmidt Scholarship Application Form Application Postmark/Submission Deadline: **November 30, 2019**

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?

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:

Kristy Toplikar

ktoplikar@dbrl.org

Daniel Boone Regional Library

100 W. Broadway, Columbia MO 65203