NHLA Education Assistance for Graduate Studies Application Form

Personal Data

Name	Phone number		
Permanent Address	Town/City	State	Zip code
Mailing Address (if different)	Town/City	State	Zip code
Email address			
Education			
Name and location of high school		Dates attended	
Name and location of college/university		Dates attended	
Other Training		Degree(s) received	
Honors/Awards			

Memberships/Professional Activity

Member of NHLA						
I am applying for (selectRosalie Norris SchoF. Mabel Winchell I	larship					
For study at						
School Name/location						
Date of enrollment		Expected date of graduation				
Courses completed to d	ate					
Courses to be taken dur	ing grant pe	riod				
Have you previously re	ceived any s	cholarships	from NHLA?			
If yes, give name and d	ate of schola	rship(s)				
Experience						
Employer Add	ress	Position or title	Dates of employment	Reason for leaving		

References

Please supply names, addresses, phone numbers and email addresses of three references, not members of your family. Please include two letters of recommendation from these references or others.

Professional Goals

Please describe your educational and professional goals. You may use a separate sheet if you prefer.

Applicant's Signature

Date

Return completed application and letters of recommendation to: Carlos Pearman NHLA Scholarship Chair Manchester City Library 405 Pine Street Manchester, NH 03104 scholarship@nhlibrarians.org