



Canadian Association
Library canadienne
Association des bibliothèques

SCHOLARSHIP APPLICATION FORM

H.W. WILSON SCHOLARSHIP
and/or
CLA/DAFOE SCHOLARSHIP

1. Name of Applicant: _____

2. Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: () _____ Fax: () _____ E-mail: _____

Permanent address (if different): _____

Telephone: () _____ E-mail: _____

(if different from above)

3. Citizenship: Canadian Permanent Resident/Landed Immigrant Other

4. Academic Information:

<i>University Attended</i>	<i>Degree(s) Awarded</i>	<i>Date</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other: _____

Provide the month and year each degree program was completed and the degree actually awarded (or anticipated).

Unofficial transcripts must be provided to support academic information supplied. Please note that the successful applicant must provide official transcripts before the scholarship can be awarded.

5. Language Fluency:

LANGUAGE	READ	WRITE	SPEAK	LEVEL OF FORMAL TRAINING
ENGLISH				
FRENCH				
OTHER(S)				

6. Please attach a cover letter and resume in addition to the information requested below.

7. Employment experience in library and information organizations:

Employer	Position	Full/Part Time	Dates

8. Employment/Volunteer experience in other areas:

Employer	Position	Full/Part Time	Dates

9. Volunteer/Community/University experience that demonstrates leadership potential:

10. Why have you chosen a career in library and information studies?:

11. Describe your career goals.

12. Give the name of the ALA accredited school(s) of library and information studies to which you have applied and the date of acceptance.

Letter of Acceptance to Library and Information Studies Program(s):

Attached To Follow (Please forward a copy of your acceptance letter(s) to the address below).

13. Give the names and addresses of three (3) referees. They should speak to your qualities as a student and should speak to your qualities as an employee.

Referees:

	Name/Title	Address
1)	_____	_____
	_____	_____
2)	_____	_____
	_____	_____
3)	_____	_____
	_____	_____

Without these three reference forms, your application cannot be considered.

_____ By clicking here I agree that the above information is correct.
Date of application

You can submit this application by clicking the button below.

Or mail to:

Scholarships Jury

Canadian Library Association

1150 Morrison Drive, Suite 400

Ottawa, Ontario K2P 0X8 Phone: (613) 232-9625 • Fax: (613) 563-9895 • www.cla.ca