

# **RITA L. HILBERT SCHOLARSHIP AWARD 2010**

The NJALA Scholarship Committee is proud to announce our annual scholarship award of \$250.00 for the 2010-2011 academic year. This scholarship will be offered to a library support staff person who would like to pursue any degree or certificate program that enhances work skills.

## **REQUIREMENTS**

1. Applicant must be a legal resident of New Jersey.
2. Scholarships are available to current NJALA members only.
3. Recipient must attend any accredited college program or certified post-secondary program.
4. Recipient must use the award in a job-related field.
5. Applicant must enclose a 150 word essay explaining how this scholarship will help her/him reach career goals.
6. If the Scholarship Committee deems a personal interview necessary the applicant must be available to meet with the committee.
7. Tuition payment will be sent directly to the institution of enrollment along with the recipient's registration application. Proof of completion of course is required.

If you have any questions or would like an application please contact the Scholarship Committee Chairperson:

East Orange Public Library  
Attn: John Guido  
21 South Arlington Avenue  
East Orange, NJ 07018  
Phone: 973-266-5601 or  
E-mail: [jguido@eopl.org](mailto:jguido@eopl.org)

All applications must be postmarked by April 30, 2010.

# RITA L. HILBERT 2010 SCHOLARSHIP APPLICATION

1. **NAME:** \_\_\_\_\_  
(Please Print) (Last) (First) (Middle)

2. **Legal Residence:** \_\_\_\_\_  
(Number) (Street)  
\_\_\_\_\_  
(City) (State) (Zip)

**Phone:** \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

3. **Post Secondary:**

Have you applied for admission to any school(s)? Yes:\_\_\_\_ No:\_\_\_\_

Specify school(s): \_\_\_\_\_

Have you been accepted for any school(s)?

Specify: \_\_\_\_\_

Are you presently attending a post secondary school? Yes:\_\_\_\_ No:\_\_\_\_

4. **Education:** \_\_\_\_\_  
(College) (Year)  
\_\_\_\_\_  
(Degree) (Major) (G.P.A.)

**Post Graduate Education:** \_\_\_\_\_  
(College) (Year) (Degree) (Major)

5. **Work Experience: (Most recent employment first)**

A. \_\_\_\_\_  
(Employer's Name) (Address)  
\_\_\_\_\_  
(Position/Title) (Employment Dates)

B. \_\_\_\_\_  
(Employer's Name) (Address)  
\_\_\_\_\_  
(Position/Title) (Employment Dates)

I understand that it may be necessary to be interviewed for this scholarship and agree to make myself available for this interview if so requested by the scholarship committee. I understand that in order to be considered for this scholarship I will be required to submit proof of course completion.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_