

RITA L. HILBERT SCHOLARSHIP AWARD 2012

The NJALA Scholarship Committee is proud to announce our annual scholarship award of \$250.00 for the 2012-2013 academic year. This scholarship will be offered to a library support staff person who would like to pursue a 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 an 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. The scholarship recipient will receive the award money after proof of completion of the course is shown.

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

There is an application form on the next page, and you will also find one on the NJALA website, www.njala.org

All applications must be postmarked by April 30, 2012.

RITA L. HILBERT 2012 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 receive this scholarship I will be required to submit proof of course completion.

Signature: _____ **Date:** _____