

**RITA L. HILBERT SCHOLARSHIP AWARD**

**The NJALA Scholarship Committee is proud to announce our annual scholarship award of \$250.00. 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.**

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.

If you have any questions please contact the Scholarship Committee Chairperson.

East Orange Public Library  
Attn: John Guido 21 South Arlington Avenue  
East Orange, NJ 07018  
Phone: 973-266-5600 ex. 5604 Email: [jguido@eopl.org](mailto: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](http://www.njala.org)

**All applications must be postmarked by May 2<sup>nd</sup>.**



RITA L. HILBERT SCHOLARSHIP AWARD

(Please Print)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Library: \_\_\_\_\_

Library Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Post Secondary:

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

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

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

Have you been accepted to any school(s)? Yes: No:

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

Education:

\_\_\_\_\_ (College) \_\_\_\_\_ (Year)

\_\_\_\_\_ (Major) \_\_\_\_\_ (Degree) \_\_\_\_\_ (G.P.A.)

Post Graduate Education:

\_\_\_\_\_ (College) \_\_\_\_\_ (Year)

\_\_\_\_\_ (Major) \_\_\_\_\_ (Degree) \_\_\_\_\_ (G.P.A.)

Work Experience: (Most recent employment first)

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Employment Dates: \_\_\_\_\_

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: \_\_\_\_\_