

 **Beatrice Davis Education Award Application Form**

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| **Last Name** | **First Name** |
| **Current Address**  | **Permanent Address (optional)** |
| **E-mail** | **Daytime Phone** | **Evening Phone** | **Best Time to Call** A.M. P.M.  |
| **Library School**  | **Graduate Program**  | **Advisor**  |
| **Employer’s Name**  | **Employer’s Address**  |
| **Please mark the documentation which accompanies this application:*** Letter of Application
* Letter of recommendation
* Proof of Enrollment in an ALA- Accredited Program
* Resume
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| **Deadline:** September 30, 2023 |
| **Return application form and accompanying documentation to:** chair@libertymla.org |
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| **I understand the conditions of the grant and will submit proof that the terms of the grant have been met upon the completion of the program. If I am unable to fulfill the terms of the grant, I will refund all monies received.**  |
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| **Signature of Applicant**  | **Date**  |