Caroline M. Hewins Scholarship

Application

Hartford Public Library 500 Main Street, Hartford, CT 06103-3075 Tel: (860) 695-6300 Fax: (860) 722-6897 Name in Full ______ Date _____ Present Address Telephone Permanent Address ______ Telephone _____ E-mail Address _____ **REPORT OF EDUCATION AND TRAINING** Schools Attended Place Diploma or Degree Year High School College Library School Other LIBRARY WORK EXPERIENCE Place Position Year(s) Library **OTHER WORK EXPERIENCE** Company

A transcript of college work through senior year, first semester, or in support of granted degree(s) is required. Also, when applicant has received notice of acceptance at an ALA accredited library school, copy of such notice should be filed in support of APPLICATION.

Please describe or comment briefly on the following items. Use a separate sheet(s) of paper if necessary.			
1. College major.			
2. College minor(s).			
3 ()			
3. Computer competency.			
4. Membership in professional organizations.			
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5. List library school(s) to which you have applied or are enrolled.			
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6. Reasons for your preference for library work with children.			
7. How do you plan to use your professional library training?			
REFERENCES			
Name	Address	Telephone	Relationship
Signature		Date	