

Application for the Secretary of State/Illinois State Library Training Grant for the Master of Library and Information Science Degree

Please Type All Information

Date _____

Name in Full _____

First

Middle

Last

Present Address _____

Street

City

State

Zip+ four

Telephone _____

Permanent Address _____

Street

City

State

Zip

(If different from above)

Telephone at Permanent Address _____

United States Citizen Yes ___ No ___ Illinois Resident Yes ___ No ___

Graduate Library School that you are entering _____

Date of entrance _____

Anticipated date of graduation _____

Date accepted by the above institution _____

Are you presently enrolled? _____ (If yes, attach documentation)

Schools attended

High School _____ Graduation date _____

Colleges

Name of College	Location	Dates Attended	Degree(s)
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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Grade Point Average _____

Major subject area(s) _____

Minor subject area(s) _____

** A copy of all college or university transcripts must be submitted to the Illinois State Library, Training Grant Program, 300 South Second St., Springfield, Illinois 62701-1796, by **May 1** of the current year.

COLLEGE EXTRACURRICULAR ACTIVITIES: (Include any offices held)

ASSOCIATION AND ORGANIZATION AFFILIATIONS: *(Include any offices held)*

Employment History

List employers and positions held in chronological order, including any library experience. If more space is needed, use reverse side.

Employer <i>(Include address and telephone)</i>	Position	Date
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
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References

List three references (other than personal friends or relatives). Request each of your references to complete a copy of the attached personal reference sheet and to submit it to the Illinois State Library, Gwendolyn Brooks Building, Training Grant Program, 300 South Second Street, Springfield, Illinois 62701-1796, by May 1 in order for your application to be complete.

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Name	Address
<hr/>	<hr/>
	Occupation
<hr/>	<hr/>
Name	Address
<hr/>	<hr/>
	Occupation
<hr/>	<hr/>
Name	Address
<hr/>	<hr/>
	Occupation

List the names of your local and college newspapers _____

STATE WHY YOU WOULD LIKE TO BE A LIBRARIAN AND WHAT PARTICULAR ASPECTS OF THE PROFESSION INTEREST YOU MOST:

(In Compliance with the state and federal constitutions, the Illinois Human Rights Act, Section 504 of the Federal Rehabilitation Act and the Americans with Disabilities Act, the Office of the Secretary of State does not discriminate in employment, contracts or any other activity.)

Personal References

Applicant's Name _____

Address _____

Mail to: Illinois State Library
Gwendolyn Brooks Building
Training Grant Program
300 South Second Street
Springfield, Illinois 62701-1796

Personal Characteristics	Excellent	Better Than Average	Average	Below Average
Initiative	_____	_____	_____	_____
Dependability	_____	_____	_____	_____
Industriousness	_____	_____	_____	_____
Sense of Responsibility	_____	_____	_____	_____
Cooperativeness: ability to get along with others	_____	_____	_____	_____
Intellectual Curiosity	_____	_____	_____	_____
Leadership	_____	_____	_____	_____
Resourcefulness	_____	_____	_____	_____
Flexibility	_____	_____	_____	_____

Comments: (please feel free to make additional comments on separate paper)

Please type or print:

Name: _____

Address: _____

Street

City, State, Zip

Occupation or Business

Signature _____

Phone # _____