LAW LIBRARIANS OF NEW ENGLAND

Academic Scholarship Application

Form for students pursuing a degree in library science or law

Interested students should complete the following form. Applicants may attach a resume as an alternative, but must complete any section of the form not fully covered by the resume.

Please note that the Scholarship Committee reviews all academic scholarship applications during the fall each year and announces any scholarship awards in October.

Please Type or Print Clearly

1. Name __________________________________________________________

2. Address:
   ________________________________________________________________Phone: ( _______ )

   ________________________________________________________________

3. Are you a member of LLNE? _______ If yes, when did you join? _______
   What committees have you participated in while a member? ___________________________

4. Have you attended LLNE meetings? _______ What years? ___________________________

5. Have you received a LLNE scholarship before? _______ If yes, please state year and amount.
   ___________________________

6. Course of Study, University Attended, Expected Date of Graduation:
   ________________________________________________________________

   ________________________________________________________________

    7. Career Goals:

   ________________________________________________________________

   ________________________________________________________________
8. Current Employment:

________________________________________________________________________

________________________________________________________________________

9. Past employment that is relevant to career goals:

________________________________________________________________________

________________________________________________________________________

10. List professional activities:

________________________________________________________________________

________________________________________________________________________

11. Name and contact information for one reference. Please choose someone who can attest to your interest in and suitability for a career in law librarianship and identify your relationship to that person (supervisor, professor, etc.)

________________________________________________________________________

Successful applicants will be required to provide proof of enrollment. The LLNE Scholarship Committee will provide a form to be signed by the Registrar of the college or university as proof of enrollment.

________________________________________________________________________

(Applicant's Signature)  ____________________________  (Date)

Please return to:
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Suffolk University Law School
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Boston, MA 02108
Email: lrosenof@suffolk.edu