## 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 joi          | n?                               |
| What committees have you participated in while a member?      |                                  |
| 4. Have you attended LLNE meetings? What yea                  | rs?                              |
| 5. Have you received a LLNE scholarship before? If ye         | es, please state year and amount |
| 6. Course of Study, University Attended, Expected Date of Gra |                                  |
|   |                                  |
| 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 attest to your interest in and suitability for a career in relationship to that person (supervisor, professor, etc.)                                      | law librarianship and identify your |  |
| 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:  |                                     |  |
| Liza Rosenof   |                                     |  |
| Suffolk University Law School  |                                     |  |
| 120 Tremont Street   |                                     |  |
| Roston MA 02108  |                                     |  |

Email: <a href="mailto:lrosenof@suffolk.edu">lrosenof@suffolk.edu</a>