



2019  
Ohio Health Sciences Library Association  
Bette Sydelko Scholarship  
Application Form

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Work Address: \_\_\_\_\_  
(if applicable) *Street Address*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_

*City State ZIP Code*

Mobile phone: \_\_\_\_\_

Are you a current OHSLA member?  Yes  No

Current membership (2019-2020) is required for eligibility for the grant. If you are not a current member, you can still apply and then must join OHSLA before being awarded the grant. Student membership is \$5.00 per year, regular membership is \$15.00 per year.

**Education Information**

Graduate Library Education \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Degree: \_\_\_\_\_

Other Higher Education: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Degree: \_\_\_\_\_

**Current Employment (if applicable)**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

**Materials to Attach**

- Application letter
- Current resume/vitae
- Letter from immediate supervisor or a faculty advisor
- Transcript (student applicants only)

**Signature**

Signature: \_\_\_\_\_  
(typed name is sufficient) \_\_\_\_\_ Date: \_\_\_\_\_

**Send application to:**

Ellen Franks, Chair  
OHSLA Scholarship Committee

Email: [efranks@akronchildrens.org](mailto:efranks@akronchildrens.org) (preferred method)

Postal mail:

Mary Hower Medical Library, attn: Ellen Franks  
Akron Children's Hospital  
One Perkins Square  
Akron OH 44308

**APPLICATION AND ALL ACCOMPANYING MATERIALS  
MUST BE RECEIVED BY**

**September 23, 2019**