



**Bette Sydelko Scholarship Grant
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

Membership 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 \$15.00 per year, regular membership is \$25.00 per year, and those retired, unemployed, or furloughed individuals for 1 year is \$15.00

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 Submit

- Application form
- Application letter (financial need)
- 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 (preferred method)

Postal mail: Ellen Franks, Mary Hower Medical Library, Akron Children’s Hospital, One Perkins Square,
Akron, OH 44308

**A funded event must occur between July 1 and June 30
to correspond with the OHSLA fiscal year.**