



Box 1534, Trenton, NJ 08607

To: SCHOLARSHIP APPLICANTS

From: Arlene Sahraie, Chair, NJLA Scholarship Committee

**Please read the application forms and financial statement in full before completing the forms.**

To consider your application, the committee will require the following material:

1. The **completed application** form.
2. A **150-250 word essay** explaining your choice of librarianship as a profession.
3. An **official transcript** from all colleges and universities attended (graduate and undergraduate). Please arrange for the transcript(s) to be sent immediately upon receipt of this packet to be sure that all transcripts are postmarked by **February 8, 2008**.
4. Fully completed NJLA Scholarship Committee Financial forms, **notarized**.
5. **Two letters of recommendation**. You are responsible for obtaining two letters of reference (**must use the forms provided**) from professional, business and/or educational acquaintances; they should be sent directly to the chair of the committee. Recommendations should include specific statements on such qualities as character, personality, and work ability. You are responsible for seeing that letters of recommendation are postmarked no later than **February 8, 2008**.

The completed forms, including application, statement, transcripts, financial form, and letters of recommendation are to be sent to the following:

Ms. Arlene Sahraie, Chair  
**NJLA Scholarship Committee**  
Bergen County Cooperative Library System  
810 Main St.  
Hackensack, NJ 07601

**Questions**, can be addressed via email at [arlene@bccls.org](mailto:arlene@bccls.org)

**ALL MATERIALS MUST BE POSTMARKED NO LATER THAN  
FEBRUARY 8, 2008.**



Box 1534, Trenton, NJ 08607

## SCHOLARSHIP APPLICATION FORM

### 1. NAME: (Print)

\_\_\_\_\_  
(Last) (First) (Middle)

### 2. A. CURRENT ADDRESS:

\_\_\_\_\_  
(Street) (City)

\_\_\_\_\_  
(State) (Zip) (Telephone)

### B. LEGAL RESIDENCE:

\_\_\_\_\_  
(Street) (City)

\_\_\_\_\_  
(State) (Zip) (Telephone)

C. E-MAIL ADDRESS: \_\_\_\_\_

### 3. LIBRARY SCHOOL:

Are you presently attending a library school? Yes: \_\_\_ No: \_\_\_

Specify: \_\_\_\_\_ Credits Earned: \_\_\_\_\_

Have you been accepted to any school (s)? Yes: \_\_\_ No: \_\_\_

Specify: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Have you applied for admission to any library school (s)? Yes: \_\_\_ No: \_\_\_

Specify: 1. \_\_\_\_\_ 2. \_\_\_\_\_

**4. EDUCATION: (List undergraduate and post-graduate education)**

(College or school)      (Year)      (Degree)      (Major)      (GPA)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**5. A. WORK EXPERIENCE: (Most recent employment first)**

(Employer)      (Position)      (Address)      (Dates)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**B. Describe any volunteer or internship experiences if applicable: (most recent)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please **circle** if applicable, to be considered for the additional Diversity Scholarship:

African-American

Latino/Hispanic

Asian/Pacific Islander

Native American/Native Alaskan

**I AGREE TO BE AVAILABLE FOR AN INTERVIEW ON MARCH 14, 2008 (SNOW DATE 3/20).**

\_\_\_\_\_  
(Signature)



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## SCHOLARSHIP FINANCIAL FORMS

NOTE: If a question does not apply, please indicate not applicable (NA).

**Applicant's Name:**

\_\_\_\_\_

**Legal Residence:**

\_\_\_\_\_

**Degree Objective:** Masters: \_\_\_\_\_ Doctorate: \_\_\_\_\_

Year Student expects to complete requirements for degree: \_\_\_\_\_

**DEPENDENTS:**

Name	Age	Live with family	Name of Current School (Public or Private status)	Class in School/college	Anticipated Educational Expenses	Financial Aid Received Scholarships/Loans (Parents)

**REPORTED OR ESTIMATED FOR YEAR 2007 TAX RETURN:**

Total income (Student and spouse) reported or estimated on U.S. income tax return:

\$ \_\_\_\_\_

Total number of exemptions: \_\_\_\_\_ U.S. income tax paid: \$ \_\_\_\_\_

State and local income tax paid: \$ \_\_\_\_\_

Payments to IRA/KEOGH account: \$ \_\_\_\_\_

Itemized deductions: \$ \_\_\_\_\_

**ASSET INFORMATION:**

	What is it worth now?	What is owed on it?
Cash, savings, checking accounts	\$ _____	\$ _____
Home	\$ _____	\$ _____
Other real estate & investments	\$ _____	\$ _____
Business & farm	\$ _____	\$ _____
Other	\$ _____	\$ _____

**STUDENT & SPOUSE'S EXPECTED INCOME & BENEFITS:**

	SUMMER 2008	SCHOOL YEAR 2008-09
Student's taxable income (don't include financial aid)	\$ _____	\$ _____
Spouse's taxable income (don't include financial aid)	\$ _____	\$ _____
Student's social security educational benefits	\$ _____	\$ _____
Student's veteran's educational benefits	\$ _____	\$ _____

Will the student own (\_\_\_\_) or operate (\_\_\_\_) a car during the 2008-09 school year?

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Price: \$ \_\_\_\_\_

Remaining Payments: \$ \_\_\_\_\_

**OTHER FINANCIAL RESOURCES:            2008 -09 Academic Year**

Financial assistance from parents & others:            \$ \_\_\_\_\_

Other Scholarships, grants, and fellowships:	Applied	Received

**INDEBTEDNESS:**

	Total owed as of June 2007	Amount to be repaid in Academic year 2008-09
Student loans	\$ _____	\$ _____
Spouse's educational loans	\$ _____	\$ _____
Other (name lender & purpose)	\$ _____	\$ _____

**MONTHLY LIVING EXPENSES:**

Housing: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Is there any other unique financial situation that you would like the committee to consider? Please briefly specify the circumstance in the box below:

**APPLICANT'S CURRENT EMPLOYMENT:**

Employer	Position	Dates Employed	Monthly Earnings F.T or P.T (✓)	
			Gross	Net
1. _____			\$	\$
2. _____			\$	\$

**SPOUSE'S INFORMATION:**

Name: \_\_\_\_\_

Student Status 2008-2009: F.T. \_\_\_\_\_ P.T. \_\_\_\_\_

Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Financial aid anticipated for 2008-2009 school year: (if applicable)

Grants: \$ \_\_\_\_\_ Loans: \$ \_\_\_\_\_

**HIGHER EDUCATION:**

School	Dates attended	Degree awarded	Major
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_____			
_____			
_____			
_____			

**EMPLOYMENT:**

Employer	Position	Dates Employed	Monthly Gross	Earnings Net	F.T or P.T (√)
1. _____			\$	\$	
2. _____			\$	\$	
3. _____			\$	\$	
4. _____			\$	\$	

Does **spouse** anticipate being employed during 2008-09 academic year? Yes or NO

Has **applicant** previously received an NJLA scholarship? \_\_\_\_ If yes, when and amount: \$ \_\_\_\_\_

ALL THE INFORMATION ON THIS FORM IS TRUE AND COMPLETE TO THE BEST OF MY (OUR) KNOWLEDGE. IF ASKED BY AN AUTHORIZED OFFICIAL, I (WE) AGREE TO GIVE PROOF OF THE INFORMATION I (WE) HAVE GIVEN ON THIS FORM. I (WE) REALIZE THAT THIS PROOF MAY INCLUDE A COPY OF MY (OUR) **2006** and / or **2007** U.S., STATE, OR LOCAL INCOME TAX RETURN. I (WE) ALSO REALIZE THAT IF I (WE) DO NOT GIVE PROOF WHEN ASKED, THE APPLICANT WILL NOT GET AID.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Spouse's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**OFFICIAL NOTARY SEAL AND SIGNATURE:**

[seal]

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date