

# D. Glenn Hilts Scholarship

## Application Form

### A. Personal Information

Name

---

Last First Middle

### Permanent Address:

---

Street Apt. No.

---

City State Postal code Country

---

Day phone Cell phone

---

Email address

---

Contact Person (Parent or Guardian) Contact Phone

### Address at School:

---

Street Apt. No.

---

City State Postal Code Country

---

Day phone Cell or alternate phone

Student ID \_\_\_\_\_

Last 4 digits of Social Security Number (if applicable) \_\_\_\_\_

**Religious affiliation:**

SDA \_\_\_ Yes \_\_\_ No \_\_\_ Membership location: \_\_\_\_\_

**B. Academic Information**

What was your final GPA prior to applying to library school (based on 4.0)?

\_\_\_\_\_

What are your GRE scores?

Verbal: \_\_\_\_\_ Quantitative: \_\_\_\_\_ Total: \_\_\_\_\_

**Library School you Plan to Attend with this Scholarship:**

University: \_\_\_\_\_

Expected date of graduation: \_\_\_\_\_

Financial Aid Contact Person: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

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

\_\_\_\_\_

**C. Transcripts**

Please attach your college transcripts. Include library school transcripts, if currently enrolled.

**D. Official Letter of Acceptance**

Please attach a copy of the official letter of your acceptance to library school.

**E. Personal Statement**

On a separate sheet of paper, please write a 600-word essay describing your interest in librarianship, your professional goals, contributions you feel you might make to Seventh-day Adventist librarianship.

## F. Curriculum vitae

Please attach your curriculum vitae showing your academic background, work experiences, scholastic honors and awards, leadership positions, extracurricular activities, community service, etc.

I certify that I have provided accurate information on this application form. I agree that if, in the judgment of the Association of Seventh-day Adventist Librarians, information has been misrepresented in this application, the application will be considered void; if a scholarship offer has been made, the offer may be withdrawn. I agree to notify the Chair of the Association of Seventh-day Adventist Librarians Scholarship and Awards Committee of any changes in academic status that could bear on this application or scholarship award. I understand that my personal information will be kept confidential and that records associated with the application will be destroyed or disassociated with my name after the award period

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_