



New Hampshire Educational Media Association
PO Box 418
Concord NH 03302-0418
www.nhema.net

Scholarship Application

Name _____

Address _____

Phone _____

Employment History

Employer	<u>Current</u> Location	Position	Date Started
_____	_____	_____	_____
_____	_____	_____	_____

Employer/Position	<u>Past</u> Location	Dates	Reason for leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Educational Background (most recent first)

School	Dates Attended	Credits	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Membership in Professional/Community Organizations

(Describe your involvement with your profession and in your community)

Financial Considerations

This application is for: ___ Graduate work at _____

___ Undergraduate work at _____

___ Continuing education at _____

Name of course _____ Dates _____

Number of credits _____ Expected Cost _____

Other sources of Scholarship/Reimbursement _____

Are you presently a member of NHEMA? _____

Please attach a statement outlining your professional and educational goals. You may include any other information that will help us evaluate your application.

Signature _____

Date _____

A completed application and letter of recommendation supporting a strong background or interest in New Hampshire school librarianship are to be returned to: Dee Whall, NHEMA Scholarships and Awards, Cooperative Middle School, 100 Academic Way, Stratham, NH 03885 Phone 603-775-8745 Email dwhall@sau16.org by MARCH 1st