

# Dorothy Spidell Conference Scholarship Application

Please read the Scholarship Program description before completing this application. (Please print or type)

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Institution \_\_\_\_\_

Position \_\_\_\_\_

1. Are you a member of the Association of Christian Librarians?  YES  NO

Note: ACL membership is a requirement.

2. Would this year's annual conference be your first?  YES  NO

If not, when did you last attend an ACL Conference? YEAR: \_\_\_\_\_ LOCATION: \_\_\_\_\_

3. Will you be able to attend the conference without financial assistance from ACL?  YES  NO

4. Are you a **full-time** practicing librarian in an institution of higher learning—a Bible Institute, Bible College, Liberal Arts College, Seminary, or University?  YES  NO

5. Or, are you a **part-time** practicing librarian in an institution of higher learning—a Bible Institute, Bible College, Liberal Arts College, Seminary, or University?  YES  NO

6. Or, are you a full-time student in a graduate school of library and information science?

YES  NO

Name of School: \_\_\_\_\_

7. What professional development opportunities do you have locally?

8. Why do you want to attend this conference?