***MLA Philadelphia Regional Chapter / Medical Library Association***

Beatrice Davis Education Award  
Application Form

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| --- | --- | --- | --- | --- | --- |
| **Last Name** | | **First Name** | | | |
| **Current Address** | | **Permanent Address (optional)** | | | |
| **E-mail** | **Daytime Phone** | | **Evening Phone** | | **Best Time to Call** A.M. P.M. |
| **Library School** | **Graduate Program** | | | **Advisor** | |
| **Employer’s Name** | | **Employer’s Address** | | | |
| **Please mark the documentation which accompanies this application:**  Letter of Application  Letter of recommendation  Resume | | | | | |
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| **Deadline:** August 19, 2016 | | | | | |
| **Return application form and accompanying documentation to: dan.kipnis@jefferson.edu** | | | | | |
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| **I understand the conditions of the grant and will submit proof that the terms of the grant have been met upon the completion of the program. If I am unable to fulfill the terms of the grant, I will refund all monies received.** | | | | | |
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| **Signature of Applicant** | | **Date** | | | |