

**Beta Phi Mu Scholarship: Application Form**  
(Sarah Rebecca Reed – Beginning Professional Education)

Return to:  
Beta Phi Mu  
School of Information Studies  
Florida State University  
Tallahassee, FL 32306

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE (AREA CODE & NO) \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_

E-MAIL \_\_\_\_\_

**EDUCATION**

College or University	Major(s)	Minor	Degree	Years of Attendance/Graduation

ACTIVITIES \_\_\_\_\_  
\_\_\_\_\_

**EXPERIENCE SINCE GRADUATION FROM COLLEGE:**

Work Experience (Name & Location)	Your Title	Type of Work	Dates

Have you applied to an A.L.A. accredited program?     \_\_\_yes \_\_\_no

Have you been accepted into an A.L.A. accredited program? \_\_\_yes \_\_\_no Name of School: \_\_\_\_\_

Please attach your responses to each of the following questions:

- (1) Please state reasons for applying for a Beta Phi Mu scholarship.
- (2) Indicate why you selected librarianship as a profession.
- (3) Write a brief autobiography describing any other personal accomplishments and achievements. (One page limit)

**LIST THE FIVE PERSONS FROM WHOM YOU ARE REQUESTING REFERENCE LETTERS:**

FULL NAME \_\_\_\_\_

Indicate if academic instructor, employer, etc.. \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE (Area Code & No.) \_\_\_\_\_

\*\*\*\*\*

FULL NAME \_\_\_\_\_

Indicate if academic instructor, employer, etc.. \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE (Area Code & No.) \_\_\_\_\_

\*\*\*\*\*

FULL NAME \_\_\_\_\_

Indicate if academic instructor, employer, etc.. \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE (Area Code & No.) \_\_\_\_\_

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PHONE (Area Code & No.) \_\_\_\_\_

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FULL NAME \_\_\_\_\_

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ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE (Area Code & No.) \_\_\_\_\_