

## Martha C. Watkins Memorial Scholarship Southern Chapter/Medical Library Association Application Form

Print this page, answer the questions and send completed form to the Chair of the Honors and Awards Committee.

Applicants must be current Southern Chapter members, who work in a hospital library and who want to take a course or workshop at the Southern Chapter annual meeting. Applications must be received at least 30 days before a course or workshop. To receive funding prior to the course or workshop date, applications must be submitted 60 days in advance.

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1. Please print:

**Name:** \_\_\_\_\_

**Library/Organization:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_, \_\_\_\_\_

**Work Phone:**  
(Ex. 1112223333) \_\_\_\_\_

**Work Fax:**  
(Ex. 1112223333) \_\_\_\_\_

**Course/Workshop:** \_\_\_\_\_

**Fee/Tuition:** \_\_\_\_\_ **Sponsor:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Date/Time:** \_\_\_\_\_

2. How will you share your learning experience with the members of your local consortia or hospital librarians? [12 lines maximum for print area]

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3. Describe the level of financial conference support provided by your institution (i.e. registration only)?  
[3 lines maximum for print area]

4. How will attending this meeting and/or taking a class benefit your health care organization?  
[14 lines maximum for print area]

5. How often do you attend chapter meetings? \_\_\_\_\_

6. Which of the following best describes your proposed conference activities this year? \_\_\_\_\_

If "Other, " please specify: \_\_\_\_\_

7. How many years have you been a member of SC/MLA? \_\_\_\_\_

8. Are you a new member of the chapter? \_\_\_\_\_

9. Are you a new member of MLA? \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_