***Library & Information Science (LIS) Student Award Application**

NAME: _____ **DATE:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:**_____

PHONE NUMBER: ( ) _____

EMAIL: _____

NAME OF INSITUTITON CURRENTLY ENROLLED:_____

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ARE YOU A CURRENT MEMBER OF SC/MLA? ☐ **YES** ☐ **NO**

What do you expect to gain professionally and/or personally by attending the SC/MLA annual meeting?

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