

Application Graduate Library School Tuition Reimbursement Grant

(To be completed by the student and signed by library director)

This form is to be submitted for *fall or spring* semester courses (a new form needed each semester) to be completed between August 2009 and August 2010. To this form, the student must attach a **letter of recommendation** from her or his supervisor, library director, or board president/designee. Please read the **Guidelines** for further detail.

Mail to:

Beth Milburn, CE Consultant
Kentucky Department for Libraries & Archives
P.O. Box 537
300 Coffee Tree Road
Frankfort, KY 40602-0537.

Student Name _____

Employing Library _____

Library Address _____

Student Email Address _____

University of Interest _____

Number of hours worked per month: _____

Expected/Anticipated tuition cost for a 3 credit hour graduate course. _____

Have you been accepted, or are currently enrolled, in a graduate degree program?
If YES, please provide the enrollment/acceptance date. _____

Have you successfully completed any ALA accredited graduate courses in the past?
If YES, submit a copy of your latest graduate school transcript with this form. _____

Briefly state your career goals and ambitions in the space below:

Signature of Student

Date

Signature of Library Director or Board President/Designee

Date