

**KENTUCKY LIBRARY ASSOCIATION**  
**LINDA KOMPANIK MEMORIAL SCHOLARSHIP**  
**SUBMISSION INFORMATION AND APPLICATION**

The purpose of the Kentucky Library Association (KLA) Linda Kompanik Memorial Scholarship Committee is to encourage members to increase their skills and knowledge through formal studies in librarianship. The scholarship will be granted to a Kentucky student entering or continuing their library education in an American Library Association (ALA) or National Council for Teacher Education (NCATE)-accredited library school.

**ELIGIBILITY**

- The applicant must be enrolled in an ALA-accredited or National-accredited (NCATE) library school.
- The applicant must be a citizen of or have permanent residence status in the United States.
- The applicant must be a resident of Kentucky or applying for one of the accredited library programs in Kentucky.
- The applicant must be a member of Kentucky Library Association at the time the award is accepted.

**TERMS**

- The applicant must submit the completed application by **July 1, 2015**.
- The applicant must submit a minimum of three letters of reference from persons not related to the applicant. The letters of reference should be from persons who are knowledgeable about the applicant's character, education, and abilities. Letters of reference must be submitted by **July 1, 2015**.
- By **July 1, 2015**, an official transcript from each college or university attended must be sent directly from the respective institution.
- The applicant must include a statement of career objectives, why they have chosen librarianship as a career, reason for applying for this scholarship and any other pertinent information that the applicant would like the Scholarship Committee to know with the submitted application form.
- At minimum, a scholarship of \$1,000.00 paid in two equal installments, in August and January, will be awarded to the recipient.
- The period of disbursement will not exceed one year past the date of the KLA annual meeting.
- Depending on the qualifications of the candidates, the committee may recommend that a scholarship not be awarded in a given year.
- KLA will acknowledge applications upon receipt via email.

**SELECTION PROCESS**

Scholarship committee members will consider: 1) Cumulative undergraduate GPA and graduate school GPA (if applicable) and accomplishments; 2) academic merit and potential; 3) statement of objectives, in terms of content and style; and 4) letters of recommendation.

Please return the completed application form and statement of career objectives, plus a copy of all related documents to: **Chair, Kompanik Scholarship Committee, Kentucky Library Association, 1501 Twilight Trail, Frankfort, KY 40601; (502) 223-5322; fax, (502) 223-4937; email [info@kylibasn.org](mailto:info@kylibasn.org).**

**KENTUCKY LIBRARY ASSOCIATION**  
**LINDA KOMPANIK SCHOLARSHIP APPLICATION**

The KLA office must receive the completed application and statement of objectives, plus a copy of transcripts and three letters of reference by **July 1, 2015**. Please type or print legibly all information requested; the statement of career objectives must be typed.

**PART I: APPLICANT INFORMATION**

1..... Name \_\_\_\_\_  
Last First Middle or Maiden

2. Current Address:

\_\_\_\_\_  
Street Number

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Until (date) Telephone (include area code)

3. Permanent Address:

\_\_\_\_\_  
Street Number

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Until (date) Telephone (include area code)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Other Email Address

4. \_\_\_\_\_  
Citizenship (country)

5. \_\_\_\_\_  
For what period would this scholarship be used?

6. \_\_\_\_\_  
Anticipated date of library school degree

7. Will you be a full-time student?     Yes                       No

8. \_\_\_\_\_  
If not, how many courses will be taken each term? *(Please specify quarter or semester.)*

**PART II: EDUCATION**

9. Please have forwarded an official transcript of your scholastic record from each college or university which you have attended by **July 1, 2015** to: **Kentucky Library Association, Chair, Kompanik Scholarship Committee, Kentucky Library Association, 1501 Twilight Trail, Frankfort, KY 40601; (502) 223-5322; fax, (502) 223-4937; email [info@kylibasn.org](mailto:info@kylibasn.org).**

- a. Attach a photocopy of your library school's catalog or Web page, which states the number of credits needed for your degree.
10. List in chronological order all colleges, universities, and professional schools attended, with the most recent first.

<b>Institution</b>	<b>Major and minor</b>	<b>Dates attended</b>	<b>Degree received/ pending and year</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PART III: EXPERIENCE**

11. List all full time or otherwise significant jobs you have held, starting with the most recent.

<b>Employer's name/address</b>	<b>Dates</b>	<b>Nature of duties</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PART IV: OTHER ACCOMPLISHMENTS**

12. Honors, scholarships, or prizes that you have received:  
\_\_\_\_\_

13. Membership in honor societies and professional organizations:  
\_\_\_\_\_

14. Activities and interests (campus, community, other):  
\_\_\_\_\_

**PART V: REFERENCES**

15. Three reference forms are enclosed. **References must be received by July 1, 2015 in order for an application to be considered.** List below the individuals from whom you have requested references. **All references must be sent directly to: Chair, Kompanik Scholarship Committee, Kentucky Library Association, 1501 Twilight Trail, Frankfort, KY 40601; (502) 223-5322; fax, (502) 223-4937; email [info@kylibasn.org](mailto:info@kylibasn.org).**

<b>Name</b>	<b>Institution</b>	<b>Telephone</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

16. Attach a short essay (no more than 500 words), typed only, describing your career objectives, why you have chosen librarianship as a career, reason for applying for this scholarship, other pertinent information that you would like the Scholarship Committee to know and how your immediate academic plans contribute to their attainment. Please submit the essay with the application form.

Information supplied by me on this application is true and correct to the best of my knowledge, and I understand that misrepresentation may cause denial or withdrawal of the scholarship.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return the completed application form, plus a copy of all related documents to: **Chair, Kompanik Scholarship Committee, Kentucky Library Association, 1501 Twilight Trail, Frankfort, KY 40601; (502) 223-5322; fax, (502) 223-4937; email [info@kylibasn.org](mailto:info@kylibasn.org).**

**KENTUCKY LIBRARY ASSOCIATION**  
**LINDA KOMPANIK SCHOLARSHIP LETTER OF REFERENCE**

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Name of Applicant

The applicant should fill out the line above and give this form to a person not related to the applicant who is acquainted with the applicant's character, education, abilities, and aptitude for study in library science.

**TO WRITERS OF LETTERS OF REFERENCE**

The applicant whose name appears above has applied for a scholarship from the Kentucky Library Association (KLA) to attend an American Library Association (ALA)-accredited graduate school or National Council for Teacher Education (NCATE) accredited undergraduate library program. Please give us your candid opinion of the applicant's scholarship, personality, and potential study in library science. Use the reverse side of the form if necessary. **Please return by July 1, 2015 to: Chair, Kompanik Scholarship Committee, Kentucky Library Association, 1501 Twilight Trail, Frankfort, KY 40601; (502) 223-5322; fax, (502) 223-4937; email [info@kylibasn.org](mailto:info@kylibasn.org).**

Please type or print legibly. Thank you for your assistance.

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Name

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Position

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Institution

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Address

**KENTUCKY LIBRARY ASSOCIATION  
LINDA KOMPANIK SCHOLARSHIP  
LETTER OF REFERENCE**

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