CALIFORNIA STATE LIBRARY PUBLIC LIBRARY STAFF EDUCATION PROGRAM (PLSEP) FY 2014/2015

NEW STUDENT APPLICATION

Please complete all requested information. (Handwritten applications will not be accepted)

Library/Jurisdiction:		
Applicant Name:		
Business Phone:		
Email Address:		
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Employment at this libra	ry began on (month/year):	
Cooperative Library Sys	tem:	
List the library school pr	ogram you are currently attending or w	ill be attending.
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Amount Requested:	\$0	

6. List the anticipated library courses and session for which you will be seeking tuition reimbursement, the number of units per course, and the fee. List only Summer 2014, Fall 2014, Winter 2015 and/or Spring 2015.

Sessi	on:	Year:		
	Course No.	Course Title	Units	Fee
1.				\$0
2.				\$0
3.				\$0
4.				\$0
			Subtotal	\$0

Sessio	n:	Year:		
	Course No.	Course Title	Units	Fee
1.				\$0
2.				\$0
3.				\$0
4.				\$0
			Subtotal	\$0

Sessio	Session: Year:			
	Course No.	Course Title	Units	Fee
1.				\$0
2.				\$0
3.				\$0
4.				\$0
			Subtotal	\$0

Sessio	on:	Year:		
	Course No.	Course Title	Units	Fee
1.				\$0
2.				\$0
3.				\$0
4.				\$0
			Subtotal	\$0
			Total Fees	\$0

7.	stimated semester/quarter and year of graduation:	
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8.	Tell us in an essay your interest and commitment to public librar using 12 point font)	y work. (L	Limit to this one	page

9.	Request and attach 2-3 recommendation letters. Remove this page and insert your recommendation letters here.

10.	Please list the following below:
	 Education completed (List only degrees and/or certificates of diplomas received) Specific courses completed toward the MLIS degree Work-related experience
	4. Community and/or volunteer experience
11.	List any of the following special skills or abilities and indicate any experience in utilizing these skills: bilingual or multilingual language skills, children's services, young adult services, and/or
	knowledge of library technology
12.	List any training sessions, workshops, or courses you have attended in the last five years. List the title of the training event, the sponsor, and the date or year of attendance.

CERTIFICATIONS

	Applicant Signature:	Date:
4.	Verification of Employment	
	I verify the individual submitting this app	olication is employed at this library.
	Library Director Name :	Title:
	Email address:	Business Phone:
	Signature:	Date:

April 1, 2014.