



**Wapiti Regional Library**  
**2014 \$750 Marion Sherman Bursary For Children's Librarians**  
**Application**

Surname	First Name
Address	Phone
	Fax
E mail	Social Insurance Number

A. **EDUCATION**: list post secondary diplomas/degrees awarded.

Institution	Courses/Diploma/Degree	Date Awarded

B. **LIBRARY SCHOOL**: which library school are you attending? **Please** include a letter of acceptance or grade levels with this application.

Institution	
Address	Length of Course
Phone	
Fax	\$ _____ per term/\$ _____ per year
	Tuition

C. **REFERENCE:** please list two (2) individuals who will attest to your abilities/character.

1) \_\_\_\_\_  
Name Occupation  
\_\_\_\_\_  
Address Phone: Home \_\_\_\_\_  
\_\_\_\_\_  
Work \_\_\_\_\_  
\_\_\_\_\_  
Fax \_\_\_\_\_  
\_\_\_\_\_

2) \_\_\_\_\_  
Name Occupation  
\_\_\_\_\_  
Address Phone: Home \_\_\_\_\_  
\_\_\_\_\_  
Work \_\_\_\_\_  
\_\_\_\_\_  
Fax \_\_\_\_\_  
\_\_\_\_\_

D. **COMPLETE THE FOLLOWING QUESTIONS:**

1) Please discuss the value of children's librarianship in the Saskatchewan context.

- 2) Outline the reasons you are requesting tuition assistance from the Marion Sherman Bursary for Children's Librarians.

I hereby declare that the following information is true and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

=====

**Please submit completed application no later than Tuesday, October 14, 2014 to:**

Marion Sherman Bursary for Children's Librarians  
**Wapiti Regional Library**  
145 - 12th Street East  
Prince Albert, Saskatchewan  
S6V 1B7  
Phone: 1-306-764-0712 ext. \*200  
Fax: 1-306-922-1516  
Email: [adminasst@wapitilibrary.ca](mailto:adminasst@wapitilibrary.ca)