



Medical Library Group of Southern California and Arizona

Professional Development Award Application

NOTE: The completed application must be received by the Chair of the Awards Committee no later than September 15 or February 15.

Please type or print legibly all the required information.

Name: _____

Institution: _____

Address: _____

City, State, ZIP Code: _____

Telephone: (day) _____ (evening) _____

Date MLS degree received : _____

Name and address of institution where degree was received:

Professional employment for the last 5 years, if applicable; attach additional sheets if Necessary

Institution/City/State Duties:

Statement of career objectives and how the MLGSCA Professional Development Award

would help you to attain them. Include any information which might be relevant to the award criteria, such as course work or CE activities, honors or awards, membership in the Academy of Health Information Professionals. Attach additional sheet if necessary.

Purpose of requesting an award and amount requested: _____

By checking the following boxes, I agree that:

I am willing to write at least 500 word summary of the above event for the MLGSCA blog.

I have not received this award in the last three years.

I am a current member of MLGSCA.

Signature: _____ Date: _____

**Please email completed form as an attachment to the Awards Committee Chair:
Lauradotstubblefieldatsharpdotcom**

