

MARGARET WILLIAMS TRUST FUND

Award Application (Deadline for submission: June 14, 2019)

GENERAL INFORMATION:

NAME (Dr., Mr., Ms., Miss, Mrs.): _____

ADDRESS: _____
(Street No./Name) (City)

(Province) (Postal Code) (Telephone No.)

EMAIL ADDRESS: _____

Have you applied for or received funding from another source?

Applied Received Neither

Where? _____

What amount? _____

For what level of funding are you applying? Indicate an amount up to \$1,500.00 _____

How is the funding to be used?

Library School Research Project Work Exchange

Other (please specify): _____

FOR LIBRARY SCHOOL APPLICANTS:

(please attach additional pages to answer questions 2 and 3 using 250 words or less for each question.)

1. Have you been accepted for full-time studies by an accredited library school?

yes no

Where? _____

Length of course: _____ Degree to be granted: _____

2. What aspect of librarianship do you plan to explore and why does it interest you?

3. How do you hope to impact libraries or librarianship in Newfoundland and Labrador?

FOR RESEARCH PROJECT OR WORK EXCHANGE APPLICANTS:

(please attach additional pages to answer questions 2 and 3 using 250 words or less for each question.)

1. Are you applying for:
 - Research project on librarianship
 - A library-related project such as preparation of an index, catalogue, database, or bibliography
 - A work exchange for your position in a library in Newfoundland and Labrador

2. What is the nature of your proposed research project or work exchange? Specify the aspect of library service or librarianship you plan to explore, outlining the empirical or theoretical nature of your project. Include a description of the output expected.

3. How will your research, project or work exchange enhance library service or librarianship in Newfoundland and Labrador?

4. Provide a breakdown of how the funding will be spent.

ALL APPLICANTS:

Give the names and contact information of three references.

1. NAME: _____
EMAIL ADDRESS: _____
POSITION: _____

2. NAME: _____
EMAIL ADDRESS: _____
POSITION: _____

3. NAME: _____
EMAIL ADDRESS: _____
POSITION: _____

PLEASE ATTACH A RESUME WHICH INCLUDES EDUCATION, WORK EXPERIENCE AND ANY OTHER PERTINENT INFORMATION.

Name

Date

Please return application form and attachments to:

Ms. Susan E. Cleyle, Chair, Board of Trustees
Margaret Williams Trust Fund
QEII Library – L2019
Memorial University
St. John's, NL A1B 3Y1

Or email to: univlib@mun.ca

The personal information collected on this application will be used solely for assessing the suitability of Margaret Williams Trust Fund applicants and for administrative purposes (including communication with applicants and referees, announcing recipients and administering funds), and for no other purpose. If you have any questions about the collection or use of this information, please contact Ms. Susan E. Cleyle, Chair, Board of Trustees, Margaret Williams Trust Fund, at 864-3862.

(Revised April, 2019)