

Association of Jewish Libraries of Southern California  
**DOROTHY SCHROEDER MEMORIAL FUND**

**Application for AJL Convention Scholarship 2009**

**GUIDELINES:**

- a. Applicant must be a current member of both AJLSC and AJL.
- b. Applicant must be active in the field of librarianship, with an interest in Judaica.
- c. Recipient of a scholarship must plan to attend the entire AJL convention.
- d. Applicant must plan to return from the AJL convention with a commitment to share new knowledge, skills, and/or resources with others locally, to be active in the AJLSC organization, or to promote AJLSC to others.
- e. The Committee will make every effort to assist as many as possible, with special emphasis on new applicants. Depending on need or funds available, there is no guarantee that every applicant will receive funding, or the same funding as others, especially those receiving prior scholarships for four or more years.
- f. All applicant information will remain confidential with the Committee members.

This form must be completed and mailed or emailed **before April 10, 2009**, to: Roberta Lloyd, Stephen S. Wise Temple Library, 15500 Stephen S. Wise Drive, Los Angeles, CA 90077. For any questions, please contact Roberta at 310-889-2241 OR [rlloyd@wisela.org](mailto:rlloyd@wisela.org)

Convention City: **Chicago, IL**

Convention Dates: **July 5 - 8, 2009**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. Present Position/Title \_\_\_\_\_ How long? \_\_\_\_\_

2. What do you hope to gain from this convention? \_\_\_\_\_

3. If you receive a scholarship, what commitment are you prepared to make to AJLSC?

4. Will you receive funds from any other source? Yes No If so, from whom? \_\_\_\_\_

5. Does your employer subsidize your attendance? Yes No If so, How much is the subsidy? \_\_\_\_\_

6. May we notify your employer that you have been awarded an AJLSC Scholarship for the AJL Convention? Yes No

7. Name and Title of the person at your institution to whom to address this notification:

Name \_\_\_\_\_ Title \_\_\_\_\_

Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Print your name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ *Dorothy Schroeder Application online: [www.ajlsc.org/09convscholapapplic.pdf](http://www.ajlsc.org/09convscholapapplic.pdf)*