**Librarian of the Year AwardSouth Central Chapter/Medical Library AssociationApplication Form 2024**

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| Nominee Name: | | | |  | | | |
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| Title: |  | | | | | | |
|  | | | | |  | | |
| Library/Organization: | | | | |  | | |
|  | | | | |  | | |
| Address: | | |  | | | | |
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|  | | | | |  | | |
| Phone: | |  | | | | E-Mail: |  |

**Please include the following with your application form:**

* A description of the project on which this nomination is based, include impact on area or regional libraries. Other achievements may be listed. Please limit to one page.
* A current resume or curriculum vitae.
* Letters of support from nominee’s supervisor and/or colleagues, limit 5.
* Additional information about the nominee which you feel is important for the committee to consider.
* Applicant must be a member of SCC/MLA.

Applications must be received by **Monday, August 19, 2024.**

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| Submitted by: | | |  | | | |
|  | | | |  | | |
| Address: | |  | | | | |
|  | | | |  | | |
| Phone: |  | | | | E-Mail: |  |

Please submit application using Google Forms. Use this version of the form if you can’t access Google Forms. Submit by **Monday, August 19, 2024** to:

Emme Lopez, MLS, AHIP

Texas A&M University

Medical Sciences Library

Emme.lopez@tamu.edu