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

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| --- | --- |
| Nominee Name: |  |
|  |  |
| Title: |  |
|  |  |
| Library/Organization: |  |
|  |  |
| Address: |  |
|  |  |
|  |  |
|  |  |
| 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 **August 1, 2021.**

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

Please submit application (**electronic format only)** to:

**Stephanie Shippey**, MLS, AHIP

Associate Managing Director

Texas Tech University Health Sciences Libraries

Texas Tech University Health Sciences Center

Mailing Address: 3601 4th Street, STOP 7781, Lubbock, Texas 79430-7781

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