



Dartmouth College Library Staff Association

Scholarship Application

Send completed form along with a copy of a canceled check, or receipt of payment, to Danada Dinsmore, HB 6025.

Contact Information

Name

Telephone Extension

Hinman Box No.

Library

Department

Course Information

Course Title

School or Organization

Date(s) of Course or Activity

Tuition, Expense, etc.

In return for this scholarship, I understand that I may be called upon to help with DCLSA events or activities.

Signed:

Date: