

**MARGARET WILLIAMS TRUST FUND**

**Award Application**

(To be returned by **May 2, 2014**)

GENERAL INFORMATION:

NAME (Dr., Mr., Ms., Miss, Mrs.): \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street No.) (City)

\_\_\_\_\_  
(Province) (Postal Code)

TELEPHONE NO.: \_\_\_\_\_ # OF YEARS RESIDENT IN NL: \_\_\_\_\_

Have you applied for or received funding from another source?

Applied ☐ Received ☐ Neither ☐

Where? \_\_\_\_\_

What amount? \_\_\_\_\_

What level of funding do you think you will need?

☐ less than \$100 ☐ \$300 - \$500 ☐ \$1000 - \$1500  
☐ \$100 - \$300 ☐ \$500 - \$1000 ☐ \$1500 - \$2000

How is the funding to be used?

☐ Library School ☐ Research ☐ Project ☐ Work exchange ☐ Other

FOR LIBRARY SCHOOL APPLICANTS:

Have you been accepted by an accredited library school? ☐ yes ☐ no

Where? \_\_\_\_\_

Length of course: \_\_\_\_\_ Degree to be granted: \_\_\_\_\_

What is your chief reason for wishing to become a professional librarian? (attach additional pages if necessary)

---

---

---

---

---

FOR RESEARCH, PROJECT OR WORK EXCHANGE APPLICANTS:

What is the nature of your proposed research, project or work exchange?

---



---



---



---

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

---



---



---



---

Give a breakdown of how the funding will be spent.

---



---



---



---

ALL APPLICANTS:

Give the names and addresses of three references.

1. NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

PHONE: \_\_\_\_\_(work) \_\_\_\_\_(home) \_\_\_\_\_(fax)

POSITION: \_\_\_\_\_

2. NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

PHONE: \_\_\_\_\_(work) \_\_\_\_\_(home) \_\_\_\_\_(fax)

POSITION: \_\_\_\_\_

3. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
PHONE: \_\_\_\_\_(work) \_\_\_\_\_(home) \_\_\_\_\_(fax)  
POSITION: \_\_\_\_\_

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

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Please return application form to:

Convenor, Awards Committee  
Margaret Williams Trust Fund  
c/o Administration Office  
Queen Elizabeth II Library  
Memorial University of Newfoundland  
St. John's, NL A1B 3Y1

Or [univlib@mun.ca](mailto: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 Lorraine Busby, Chair, Board of Trustees, Margaret Williams Trust Fund at 864-3862.