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**RECOMMENDATION FOR VIRGINIA LIBRARY ASSOCIATION SCHOLARSHIP**

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| Name of Applicant: |  |

1. Please state the capacity in which you have been associated with the applicant and for how long.
2. Please indicate specific traits and competencies which you believe the applicant has that show potential for outstanding achievement in the library profession.
3. Please indicate ways in which this applicant has demonstrated a commitment to a career in librarianship in Virginia.
4. Please provide your opinion about this applicant’s scholastic ability and potential for successfully completing library school.
5. Please e-mail this form directly to Lisa Varga at [vla.lisav@cox.net](mailto:vla.lisav@cox.net) before April 9, 2021.

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| Evaluator: |  | | | | | | | |
| Title or Occupation: |  | | | | | | | |
| Place of Employment: |  | | | | | | | |
| Address: |  | | | | | | | |
| City: |  | | State: |  | Zip Code: | | |  |
| Phone Number: |  | | | | | | | |
| E-mail: |  | | | | | | | |
| Signature: (Please type) | |  | | | | Date: |  | |
| Recommendation: | | | | | | | | |
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