## **Guidelines :** [**https://www.reformacolorado.org/2024-scholarship**](https://www.reformacolorado.org/?page_id=2814)

## Please enter the required information and email the completed form to: Orlando.Archibeque@ucdenver.edu

**A. General Information**
Name:

Telephone Number:

Email:

Mailing Address:

**Education:** In descending order, list the three most recent institutions of higher education at which credit has been earned. Indicate name of institution, dates attended, degree, and major.

**B. Library School Information**

Are you enrolled in an ALA accredited library and information science program?

\_\_\_Yes

If yes, please list the name of school of library & information science \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_No

If you have been accepted to a graduate library and information science program but have not yet enrolled or taken classes, email a copy of the acceptance letter to: Orlando.Archibeque@ucdenver.edu

**C. Resume or CV**

Please send a copy of your current resume or Curriculum Vitae (CV) to

Orlando.Archibeque@ucdenver.edu along with this application packet.

**D. Personal Statement**

Please write a statement of 500 words or less describing how you would plan on serving Latino/a/e/x and Spanish-speaking communities if you were awarded this scholarship.

**E. Letter of Reference**

One letter of recommendation is required to complete your application package. This letter should come from an individual (excluding family) who is very well-acquainted with your intellectual abilities, educational background, and personal character. List the name and email address below of the person to whom you have requested a recommendation. Our Scholarship Committee will contact this person directly to provide further instructions for submitting the recommendation. Recommendation must be received by the deadline of August 1, 2024.

Please list name, organization, position, and email address.

Name:

Organization:

Position:

Email:

**F. Confirmation**

I have read the instructions for filing an application and I certify that the above statements are correct and complete. I understand that the REFORMA Colorado Scholarship Committee will maintain this information confidential.

Name: (signature not required) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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