LIBRARY LEADERSHIP OHIO SEPTEMBER 10-15, 2000

APPLICATION FORM

All applications will be handled by the **LIBRARY LEADERSHIP OHIO** Selection Committee in the strictest confidence. Please limit responses to the space provided. Participants in **LIBRARY LEADERSHIP OHIO** will be selected from those individuals who have submitted their Application Form by April 30, 2000. Forms postmarked after midnight on April 30, 2000, will not be considered. To assist the Committee, we request that your form be typed or printed legibly.

Name						
Last	First		Middle			
Home Address_						
Number	Street		Apt. #			
City	State		Zip			
Home Telephone ()						
Participants will be assigned to	a room with a person of the same s	sex.	Circle:	Female	Male	
I. PARTICIPATION						
Participation includes: Staying	d objectives, the full participation of from the evening of Sept. 10 - Sepun in Millersburg. Will you be abl	t. 15 (adjourn by no	on). Participant			ay No
II. EDUCATION						
SCHOOL NAME/CITY	YEAR GRADUATE OR DATES OF ATTEND		EGREE		MAJOR	
Do you have a Master of Library Science degree?			Circle	e :	Yes	No
III. EMPLOYMENT						
Present employer	Date began					
Address:						
Number	Street					
City	State	Zip		Country		
Phone	Fay	F.				

Which regional	l library syste	em does your library b	elong to?	Circle Or	ne:	
CAMLS	GCLC	MOLO	MVL	NOLA	CALICO)
NORWELD	OVAL	SOLO	SWORL	NONE		
Type of library	7		Your Title			
Circle one: Pu	blic Service	Technical Service	Administration	Technology	Reference	Childrens
You	ung Adult	Outreach	Public Relations	Other		
Number of yea	rs of library e	experience:	Prior to MLS	-	Foll	owing MLS
Briefly describ	e your major	responsibilities:				
What do you co	onsider your ş	greatest career achieve	ement so far?			
Describe your	leadership ex	perience thus far:				

Work History: Previous employment of any	kind in reverse chronological order.	
EMPLOYER	TITLE OR RESPONSIBILITY	FROM - TO
V. ORGANIZATIONS/	ACTIVITIES/COMMUNITY INVOLVEMENT	
	rtance to you, other professional, community, civic, bu	siness, religious, social, athletic, and other
ORGANIZATION	DATES OF MEMBERSHIP	OFFICIAL POSITION HELD
What have you accomplishe	d in any one of these activities that is important to you	?
V. GENERAL (continue of	on next page)	
What would you hope to gai	n and how would you utilize your LIBRARY LEAD	ERSHIP OHIO experience?
V. GENERAL (continued)	

VI. LETTER OF RECOMMENDATION

Please include a one-page letter of recommendation from a third party such as your current manager or director, a former professor, or someone who knows your current work well. That person should address as many of the following topics as possible: Your leadership potential, communication skills, employment experience, initiative, reasonable risk taking, and commitment. Plus any other skills or attributes.

VII. TUITION

Tuition for each participant in **LIBRARY LEADERSHIP OHIO** is \$400.00 (total cost). If you are selected, you will be notified by June 30, 2000 and will receive an invoice. The tuition must be paid by August 15, 2000. Participants are responsible for transportation to and from the Inn at Honey Run in Millersburg.

If selected, who	will pay the \$400.00 tuition? My library	Circle one : Myself	Friends of the Library
If you will be pa	ying the tuition yourself, are y Circle one:	you interested in receiving some : Yes No	scholarship funding to help with a portion of the
			AND THAT COMPLETION OF THIS ANCE IN THE 2000 INSTITUTE.
	Applicant's signature	Dat	e

Call **Terri Pasadyn**, the Continuing Education Director of the Cleveland Area Metropolitan Library System (CAMLS), at 216.921.3900 if you have any questions.

Mail to: LIBRARY LEADERSHIP OHIO

c/o CAMLS

20600 Chagrin Blvd., #500 Shaker Heights, OH 44122-5334

After mailing your application, you may wish to call Beth Listerman or Marjorie Doxey at 216.921.3900 to inquire if the application was received.