

MEDICAL LIBRARY ASSOCIATION

CUNNINGHAM MEMORIAL INTERNATIONAL FELLOWSHIP

APPLICATION

Nine copies of the completed application form and audio tape, plus a single copy of letters of reference, certificate of health, employment statement, essay, graduate and undergraduate transcripts, and TOEFL examination results must be received at MLA no later than December 1. Send to: Medical Library Association, Professional Development Department, 65 E. Wacker Place, Ste. 1900, Chicago, IL 60601-7246; 312.419.9094 x28; fax, 312.419.8950; email, mlapd2@mlahq.org. Please type or print legibly all information requested. All questions must be completed for application to be considered.

PLEASE NOTE: Based upon an upcoming pilot program for the 2007 Cunningham Fellowship, the format and duration of the 2008 program could vary from two weeks up to a period of three months. If interested in applying, please complete the application and all supporting documents.

PART I: APPLICANT INFORMATION

1. Name of Applicant (enter full name; underline family name):

- Mr.
Mrs.
Ms.
Miss

2. Permanent Home Address:

Street Number City or Town
Province Country Zip Code
Phone Number Fax Number Email Code

3. Place of Birth: City or town Country

Date of Birth: Month Day Year

4. Citizenship (country)

5. Marital Status (check one) [] Single [] Married [] Widowed [] Divorced

6. Persons to be Notified in Case of Emergency
In Home Country:

Name Relationship

Address

In the United States or Canada:

Name Relationship

Address

7. List below any close friends or relatives in the United States or Canada:

Name Relationship

Address

Name Relationship

Address

8. Have you ever traveled outside your native country? Please explain.

9. If selected, would you be willing to serve as an alternate for the fellowship? Yes No
If yes, how much advance notice would you need to be able to accept the
fellowship? _____

10. I learned about the Cunningham Fellowship in the following way:

PART II: EDUCATION

11. List in chronological order secondary schools, colleges, universities, or professional schools attended and any in which you may now be enrolled; list most recent first:

Name and address of institution	Major and minor fields	Dates of attendance	Actual name of degree (Do not translate)	Date received or expected to receive
_____		19 ____ to 19 ____	_____	
University				
_____		19 ____ to 19 ____	_____	
_____		19 ____ to 19 ____	_____	
_____		19 ____ to 19 ____	_____	
Secondary				
_____		19 ____ to 19 ____	_____	
Professional or other				

PART III: EXPERIENCE

12. List below the professional employment you have held, starting with the most recent:

Institution, city/state	Dates	Nature of duties

PART IV: OTHER ACCOMPLISHMENTS

13. Honors, scholarships, or prizes you have received:

14. Membership in honor societies and in learned and professional organizations:

15. Activities and interests (campus, community, other):

PART V: REFERENCES

16. **All three letters of reference must be received by December 1 at MLA** in order for your application to be considered. List below the individuals from whom you have requested references.

	Name	Institution	Address
A.	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
B.	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
C.	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

PART VI: FINANCIAL INFORMATION

17. Does your home country have any currency restrictions that might limit the amount of money you can bring with you to the United States or Canada? If so, please specify the equivalent amount in U.S. or Canadian dollars.

18. Travel funds: How will you pay for your round-trip ticket to travel to the United States or Canada?

PART VII: POST-FELLOWSHIP EMPLOYMENT

19. Indicate the position to which you will be returning or the new position to which you will be going.

PART VIII: FELLOWSHIP GOALS

20. Attach a brief essay in English that discusses the following:

- the state of development of health sciences libraries in your country;
- the library in which you are employed and your duties there;
- full description of your career goals;
- what you envision accomplishing through the Cunningham Memorial International Fellowship and the specific experience that might fulfill these expectations; and
- your ability to live alone, function in a foreign setting, and travel in unfamiliar surroundings.

PART IX: ENGLISH PROFICIENCY

21. If your native tongue is not English or your language of instruction at the university level was not English, please provide your TOEFL score _____. Attach copy of test results.

22. All candidates must send an audio tape, responding to the following questions:

****Please include a typed transcript of your audio tape.****

- * How do you plan to utilize the ideas and skills learned from your experience when you return home?
- * Will you be able to apply what you learn to institutions outside your library?
- * In what areas of expertise/skill development are you most interested in obtaining training and research information?
- * Do you have any specific projects you would like to complete while being the Cunningham fellow?
- * What types of libraries/institutions would you like to work in or visit while in the United States (hospital libraries, academic medical libraries, etc.)?
- * What is your current job title and status within the organization/institution in which you work?
- * Describe briefly your previous training and level of expertise/experience in medical or health sciences librarianship.
- * Describe the setting of your current library (location, resources, level of automation, etc.)
- * Do you have any questions for the selection committee?

CONDITIONS OF APPLICATION AND PARTICIPATION

In submitting my application for the Cunningham Memorial International Fellowship, I warrant that the information provided is accurate and understand that misrepresentation may cause the Medical Library Association to deny or withdraw the Fellowship.

In the event I am awarded the Fellowship, I know that there are various risks associated with travel and living abroad. I also know that I should not travel or live abroad unless I am in good health and properly educated with respect to such activities. Therefore, I assume all risks associated with my acceptance of the Fellowship awarded to me by MLA, including but not limited to the risks of personal injury, sickness, and the loss or destruction of property; all these risks being known and appreciated by me. Knowing these facts, and in consideration for MLA's agreement to provide me with a fellowship, I waive and release the Medical Library Association, its directors, officers, employees, agents, representatives, and successors, from any and all claims or liabilities of any kind that may arise if I accept.

I also understand the educational nature of the Fellowship. I agree not to have any family members or others accompany me during my tenure as a Fellow in the United States. I also agree to seek prior approval from my host or MLA before making changes in my purpose that furthers the goals and activities of MLA.

Applicant's name: _____
(typed or printed)

Applicant's signature: _____

Date: _____

Please return nine copies of the completed application (including nine copies of the audio (cassette tape) and a single copy of all supporting materials by December 1 to Medical Library Association, Professional Development Department, 65 E. Wacker Place, Ste. 1900, Chicago, IL 60601-7246; 312.419.9094 x28; fax, 312.419.8950; email, mlapd2@mlahq.org.