Barbara Egyud Memorial Scholarship - 2020

Library Employee/Volunteer Verification

Applicant Name: ___________________________________________________________

Check One:

_____ I am an employee in the ___________________________ Library branch of the Long Beach Public Library.

_____ I am a volunteer

How often do you work or volunteer at the Library? ______________________________

How long have you worked or been a volunteer or for the Library? _________________

Please list all of the library branches where you have worked or volunteered.

____________________________________________________________________________

Your Signature: _______________________________________________________________ Date: ________________

In order to verify that you work or volunteer for the Long Beach Public Library system, please ask a librarian to sign this sheet as a confirmation that the above statements are true, to the best of the librarian’s knowledge.

Librarian Name: ________________________________________________________________

Librarian Title/Branch: __________________________________________________________

Librarian Signature: ____________________________________________________________ Date: ________________