

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: _____