



Application Form for Shawky Salem Conference Grant 2008

<http://www.ifla.org/III/grants/grant04.htm>

Family Name:	
First Name and other names:	
Date of Birth:	Gender:
Institution :	
Address:	
Country:	
Highest Level of Formal Education (Ph.D. M.A. B.A. etc):	
Highest Level of Professional education:	
Professional Experience (Years):	
E-mail:	Fax: (country area town codes included)
Passport Number:	

SSCG – IFLA Detailed Application Form

Dr. Shawky Salem Conference Grant For Arab Specialists in Library and information Sciences (LIS) to attend WLIC IFLA General Conference and Council

The undersigned, taking note of the “conditions to be observed by candidates and grantees”, outlined in the information of the Dr. Salem Grant, wishes to be considered as a candidate for the said grant by supplying the information requested below. This detailed application form must be accompanied by :

- a- Statement of Intent (one Page).
 - b- Applicant Brief CV (3-4 pages).
 - c- Recommendation form from the organisation related to the applicant (one Page).
- These documents can be supplied in either English, French or German. The Statement should include the reasons for application and the proposed way of disseminating the acquired knowledge in the grantee's home country.

The application form should be submitted before 1 February 2008 to:

Shawky Salem Conference Grant (SSCG)
International Federation of Library Associations and Institutions (IFLA)
Secretary General
P.O Box 95312
2509 CH The Hague
The Netherlands

Notes:

- ***Any copy of documents supplied with the application will help in confirming evaluation.***
- ***Applicant must attach a recent photo.***
- ***The information supplied will not be used except for the purpose of SSCG.***

SSCG- IFLA Conference Attendance – Application Form

1- PERSONAL DATA:

First Name:

Middle Name:

Last Name:

Gender:.....

Birth Date:Place of Birth City:..... State:.....

Country:.....

Social Security Number, if any:.....

Home Address: (Number and Street, City or Town, State, Country, Zip Code / Postal Code:

.....
.....
.....

Home phone :+ (.....)..... Fax :+ (.....).....

E-mail: Web Site:.....

Office Address: (Number and Street, City or Town, State, Country, Zip Code / Postal Code:

.....
.....
.....
.....

Office phone :+ (.....)..... Fax :+ (.....).....

E-mail: Web Site:.....

Note: If different from the above, please give your mailing address for all application and admission correspondence.

2- HIGHER EDUCATION DATA:

Last Professional Degree (BA. BSc. Ma. MSc. PhD)	University/ Institute name	Results Grade % GPA	Graduation Date

3- KNOWLEDGE OF LANGUAGES:

First language:.....Level:.....

Second Language:.....Level:.....

Third language:... ..Level:.....

Mother Language:.....

(TOEFL or other exams)

Test Date Taken / Score Test Date Taken / Score or To Be Taken

4- ACADEMIC PROFESSION:

List all courses taken for improving your professional and academic level, and state the benefits you gain from each of them.

Dates		Name of Course taken	The benefits you gained
From	To	Items:	Items:

5- WORK EXPERIENCE:

Please give details of work experience, indicating whether full time, part time, summer training etc.*

Dates		Name of Organisation	Description of Job & Responsibilities
From	To	Items:	Items:

** This paragraph can be repeated according to experience*

6- EXPLANATIONS AND INTENT:

How will your professional Colleagues in your country benefit from your participation in IFLA?

Have you attended IFLA Conference before? Yes: NO: if yes when:

Briefly describe any scholarly distinctions or honors you have won:

7- REASONS FOR APPLYING FOR THIS GRANT:

8- APPLICANT REQUIRED SIGNATURE:

My signature indicates that all information in my application is complete, factually correct, and honestly presented.

Signature:Date:.....

- Please print, or download and send in electronic format.*
- Please enclose detailed curriculum vitae, documented if possible.*

Recommendation Form
To be Completed by Your Organisation

Name of the Organisation:

Mother Organisation:

Address:

.....

.....

Phone:.....Fax:.....

Email address:.....Web Site:.....

full name of the applicant for whom you are approving this application:

In what capacity and for how long have you had personal and professional knowledge of the applicant?:

Are the applicant's qualifications appropriate for winning the grant?:

Please give below a brief summary of your organisation assessment in terms of the applicant's academic merit, Social commitment, financial ability, and any other relevant information:

Organisation Name:.....

Authorised Signature: Name:.....Job:.....

Signature:.....Date:..... Stamp:

NOTE: BOTH FORMS SHOULD NOT BE SUBMITTED SEPARATELY.

Statement of Intent- SSCG IFLA Conference

To be submitted before 1 February to IFLA Secretary General.

Signature of Applicant:

Date:

Applicant CV for SSCG IFLA Conference

To be submitted before 1 February to IFLA Secretary General.

Personal Information:

Education:

Experience:

Literature:

Conferences and Seminars:

Recommendation, Local, Regional, & International:

Signature of Applicant:

Date: