

**Librarian of the Year Award
South Central Chapter/Medical Library Association**

Application Form 2023

Nominee Name: _____

Title: _____

Library/Organization: _____

Address: _____

Phone: _____ E-Mail: _____

Please include the following with your application form:

- A description of the project on which this nomination is based, include impact on area or regional libraries. Other achievements may be listed. Please limit to one page.
- A current resume or curriculum vitae.
- Letters of support from nominee's supervisor and/or colleagues, limit 5.
- Additional information about the nominee which you feel is important for the committee to consider.
- Applicant must be a member of SCC/MLA.

Applications must be received by **Friday, July 14, 2023**.

Submitted by: _____

Address: _____

Phone: _____ E-Mail: _____

Please submit application (**electronic format only**) to:

Robyn Gleasner, MLIS
University of New Mexico
Health Sciences Library and Informatics Center
rgleasner@salud.unm.edu