**Martha C. Watkins Memorial Scholarship**

The Martha C. Watkins Memorial Scholarship was established in 1996 to honor Martha Watkins, who was not only a founding member of the Southeastern Conference of Hospital Librarians (SCHL), but also a friend and mentor to a generation of hospital and other health sciences librarians in the South.

She spent many years educating hospital library managers, instructing student and staff users of library services, and providing information to rural and underserved healthcare personnel. The scholarship was begun with SCHL's treasury after the organization disbanded in 1995. Application and procedures and qualifications for the scholarship are as follows:

**POLICY:** Applicants must be current Southern Chapter members, who work in a hospital library and who want to take a course or workshop at the Southern Chapter annual meeting. The amount awarded will not exceed $500.00 and can be used to defray any expenses necessary for the fulfillment of the course (tuition, travel, etc.). All awardees must pay for their expenses up front and then submit a request for reimbursement after the meeting.

**GOALS:**

•To help Southern Chapter members gain skills and knowledge needed to improve their roles in providing optimum patient care.

•To support participation in professional opportunities which might not otherwise be available because of lack of funds.

•To enhance the role of hospital librarians in maintaining their cutting-edge managerial skills in the face of changing social forces which affect hospitals.

•To promote the sharing of knowledge gained with other hospital librarians in consortia or other cooperative relationships.

**APPLICATION:** To apply for this award, please fill out the attached application, which can also be found on the SCMLA website [HERE.](https://southernchaptermla.wildapricot.org/Marthawatkins)

Submit applications to the Chair of the Honors and Awards Committee.

**Deadline for applications:** September 1st

**DONATE:**  To donate to the Martha C. Watkins Memorial Scholarship, click [HERE.](https://southernchaptermla.wildapricot.org/Donate)

# Martha C. Watkins Memorial Scholarship Southern Chapter/Medical Library Association Application Form

Answer the questions on this page and send the completed form to the Chair of the Honors & Awards Committee. (You may use the last page to write/type answers on questions 2-4.)

Applicants must be current Southern Chapter members who work in a hospital library and who want to take a course or workshop at the Southern Chapter annual meeting. Applicantions must be received at least 30 days before a course or workshop. To receive funding prior to the course or workshop date, applications must be submitted 60 days in advance.

Please complete this form and return it to the current Chair of the Honors and Awards Committee.

1. **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Library/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_**

**Work Phone: \_\_\_\_\_\_\_\_\_\_\_ Work Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Course/Workshop: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fee/Tuition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **How will you share your learning experience with the members of your local consortia or hospital librarians? [12 lines maximum for print area]**
2. **Describe the level of financial conference support provided by your institution (i.e. registration only)? [3 lines maximum for print area]**
3. **How will attending this meeting and/or taking a class benefit your health care organization? [14 lines maximum for print area]**
4. **How often do you attend chapter meetings? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. **What best describes your proposed conference activities this year? (i.e. serving on a committee, presenting a poster, etc.)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **How many years have you been a member of SC/MLA? \_\_\_\_\_\_\_\_\_\_\_**
2. **Are you a new member of the chapter? \_\_\_\_\_\_\_\_\_\_\_\_**
3. **Are you a new member of MLA? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**