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

Application Form

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, August 14, 2020**.

Submitted by:  

Address:  

Phone:  E-Mail:  

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

**Dena Fracolli Hanson**, MLS, AHIP  
Librarian  
Schwarz Health Sciences Library  
Cook Children’s Medical Center  
Mailing Address: 801 7th Avenue, Fort Worth, Texas 76104  
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(682) 885-3978

(Revised 11/06/2019)