

**CALIFORNIA STATE LIBRARY
LIBRARY SUPPORT STAFF TRAINING (LSST) PROGRAM
FY 2014/2015**

STUDENT APPLICATION

Please complete all requested information. (Handwritten applications will not be accepted)

1. Check One: Past Recipient New Student

2. Library/Jurisdiction: _____

Applicant Name: _____

Business Phone: _____ Email Address: _____

3. Cooperative Library System: _____

4. Amount Requested: \$0

5. List the courses for which you will be seeking reimbursement and the fee.

| | Course Title | Organization Providing Training | Fee |
|-----|--------------|---------------------------------|------------|
| 1. | | | \$0 |
| 2. | | | \$0 |
| 3. | | | \$0 |
| 4. | | | \$0 |
| 5. | | | \$0 |
| 6. | | | \$0 |
| 7. | | | \$0 |
| 8. | | | \$0 |
| 9. | | | \$0 |
| 10. | | | \$0 |
| | | Total Fees | \$0 |

7. **Tell us why you are interested in pursuing your Library Support Staff certification. (Limit 200 words using 12 point font)**

CERTIFICATIONS

8. **Please complete and sign the statement below.**

To the best of my knowledge, the information I have presented in this application is accurate.

Applicant Signature: _____ **Date:** _____

9. **Verification of Employment**

I verify the individual submitting this application is employed at this library.

Library Director Name : _____ **Title:** _____

Email address: _____ **Business Phone:** _____

Signature: _____ **Date:** _____

Submit original plus three (3) copies of this application to the Cooperative Library System by Tuesday, April 1, 2014.