

**SOUTH CENTRAL LIBRARY SYSTEM
MALC SCHOLARSHIP PROGRAM EVALUATION FORM**

Name : _____ Date _____

Library Name: _____

Library Address & Telephone : _____

Name of Conference / Educational Activity: _____

Sponsoring Agency: _____

Location : _____ Date(s): _____

Please write a brief evaluation of this activity for possible inclusion in SCLS publications.

By submitting this evaluation form, I attest that I attended the educational activity described.

Signature _____ Date: _____

The evaluation form is due within thirty days of completing the educational activity.

Due Date _____.

Return to: Jean Anderson
South Central Library System Headquarters
4610 South Biltmore Lane, Suite 101
Madison, WI 53718-8345
Phone: 608/246-5613

3/10

SCLS Use Only

Amt. Approved Amt. Paid Date Paid Copy to MALC Scholarship Chair