



Mississippi Library Commission
Public Librarian Scholarship Program
ANNUAL EVALUATION
July 2025 - June 2026



Recipient's Name:

Project Number:

EVALUATION INFORMATION

Did you enroll and attend eligible courses/classes? ☐ Yes or ☐ No

If No, explain why not

How many semester hours did you complete this period?

Total amount of grant funds expended for courses/classes this period

What changes have you seen in the library's ability to utilize resources and deliver services since taking these courses/classes?

Give an example(s) of how this award has allowed you to improve delivery of library services

CERTIFICATION

I certify to the best of my knowledge and belief that the information provided herein is true, complete, accurate, and is provided in accordance with the LSTA Federal Subgrant Program Manual and any other Agreements entered into in connection with these projects. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to termination of the contract associated with this program and violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.

Signature of Scholarship Recipient

Date