



**MISSISSIPPI LIBRARY COMMISSION**  
 LSTA Subgrant Program  
 Public Librarian Scholarship Program



**ANNUAL CERTIFICATION OF EMPLOYMENT**  
**FOR PROGRAM GRADUATES**  
 July 2024 – June 2025

**Work Information**

This form should be completed by personnel who can attest to the information required concerning the recipient named below. The recipient should not complete this form regardless of position and duties in the organization. This form must be received by the Mississippi Library Commission by August 31<sup>st</sup>, 2025.

1. Public Librarian Scholarship Award Recipient
  
2. Name of library where awardee is/was a full-time employee
  
3. Dates of employment at this library. If still employed here, *End Date* should be the date the form was completed.  

Start Date	End Date
------------	----------

4. Person completing form:

Name	Title/Position
Email Address	Phone Number

**Certification**

This form must be signed by one of the following persons as applicable to the award recipient:

- For an award recipient working in a public library system/independent public library, this would be the system director.
- For an award recipient holding the position of director of a public library system/independent public library, this would be the head of the local administrative board.

By signing below, I certify this award recipient is employed as indicated above.

Signature	Type/Print Name
Date	