



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 31st, 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	