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

By signing below, I certify the information contained in this report is true and correct and I understand falsification of the above information will result in termination of the contract associated with this program.

Signature of Scholarship Recipient

Date