MISSISSIPPI LIBRARY COMMISSION
LSTA Subgrant Program
Public Librarian Scholarship Program

ANNUAL CERTIFICATION OF EMPLOYMENT

FOR CURRENT STUDENTS

July 2025 – June 2026

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, 2026.

1. Public Librarian Scholarship Award Recipient

2. Name of library where awardee is/was employed for at least 18 hours per week

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