



CHURCH AND SYNAGOGUE LIBRARY ASSOCIATION

Serving Congregational Libraries Of All Faiths

**Application for Muriel Fuller Scholarship
Tuition for Correspondence Study Course**

CHURCH AND SYNAGOGUE LIBRARIANSHIP

NAME _____ TELEPHONE _____ / _____

HOME
ADDRESS _____
Street City State/Province Zip (Country)

Church/Synagogue _____

Address _____

Senior Minister/Rabbi _____

Your background and experience in church/synagogue library work:

A brief explanation of your reasons for wanting to take this course:

Please send this application by [April 1, 2009](#) to:
CSLA Scholarship, Alrene Hall, 10715 Mahaffey Road, Tomball TX 77375-6961

You will be notified of the Committee's decision in mid-June.