



Archivists and Librarians in the History of the Health Sciences Joan E. Klein Travel Scholarship

The ALHHS offers two annual conference travel stipends to ALHHS or MeMA members who are students or professionals who have worked in the history of the health sciences for fewer than five years. The purpose of this award is to encourage and support continued education and professional engagement for students and professionals in the history of the health sciences, particularly in libraries, archives, or museums.

Application

- This award is open to students who are degree-seeking individuals attending an accredited college or university and to professionals who have worked in the history of the health sciences, particularly, in libraries, archives, or museums, for fewer than five years.
- Applicants should submit a brief personal statement (no more than 500 words) which highlights their interest in the conference, how attendance will benefit them, and why they need financial support.
- Applicants should submit along with their application a letter of recommendation from either their academic advisor or immediate supervisor. These letters should be sent by the applicant *with the application*. Incomplete applications will not be considered.
- Applications must be received 8 weeks before the opening session of the conference. Late applications will not be considered. All applicants will be notified of the scholarship committee decision 6 weeks prior to the start of the conference. Award checks will be presented at the conference business meeting.
- Each stipend will be in the amount of \$500.
- Previous winners are not eligible to apply.
- The ALHHS Travel Scholarship Committee reserves the right not to award a travel stipend in any particular year.

Name: _____ Telephone: _____

Mailing Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Are you a first-time attendee to the ALHHS Conference? YES NO

Applicant status (select one): STUDENT PROFESSIONAL

FOR STUDENTS:

Institution: _____ Degree sought: _____

Advisor: _____ Proposed graduation date _____

FOR PROFESSIONALS:

Employer: _____ Job Title: _____

Supervisor: _____ Start Date (M/Y): _____

Your signature at the bottom of this application indicates that the information above is correct.

Signature _____ Date _____

Please submit this application, your personal statement, and letter of recommendation to Committee Chair, Susan Hoffius by email to Hoffius@musc.edu or to Waring Historical Library, MSC 403, Charleston, SC 29425.