



Mississippi Library Commission  
Public Librarian Scholarship Program  
ANNUAL EVALUATION  
July 2024 - June 2025



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

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**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