**Cover Sheet for the CALA Award/Scholarships**

**Title of the Award/Scholarships: CALA Distinguished Service Award**

**Name of the Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CALA Membership:**

Are you a current CALA member?

\_\_\_ YES, I am currently a member, member ID number: \_\_\_\_\_\_\_\_\_\_

\_\_\_ NO, I am currently not a member

**Contact Information:**

\*Please provide the information that the award committee can reach you if more information is needed and for notification. Please note that the same contact information will also be used for award distribution if applicable.

* **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Mailing address:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I certify that I am a current CALA member with outstanding records and that all information provided above is accurate and correct.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**