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Grant Reviewers

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For Library Professionals

Please fill out the contact information and experience portion below.

Contact / Experience Information

Title:

First Name:

Middle Name:

Last Name:

Institution:

Job Title:

Mailing Address:

City:

State / Zip:

Shipping Address:

City:

State / Zip:

Work Phone:

() -

Home Phone:

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E-mail:

Fax:

() -

Highest Academic Degree:

Field of Study:

Years of teaching experience in library/information science:

Years of professional experience in library/information science:

Types of experience in the past five years: (Please check all that apply)

- Archives and Special Collections
- Curriculum Development
- Description
- Digitization
- Distance Education
- Information Literacy
- Intellectual Property
- Library Administration
- Library/Information Science Education - Doctoral Level
- Library/Information Science Education - Master's Level
- Metadata
- Pre-professional Education

Preservation
Public Services
Reference
Research
School Library/Media
Service to Underserved Populations
Student Recruitment/Retention
Technology/Automation
Web Design
Other, such as work with networks & database design (please describe)

Please provide any additional information you would like about your expertise and interest in being an IMLS reviewer.

Please send a separate email with a copy of your resume or CV to libraryreviewers@imls.gov

If you have any questions, please call the IMLS Office of Library Services at (202) 653-4700.

TTY for hearing impaired: (202) 653-IMLS (4657). Or email us at libraryreviewers@imls.gov.

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