2345 Lee Road
Cleveland Heights, OH 44118
(216) 932-3600 ext. 1234
info@friendsheightslibraries.org
friendsheightslibraries.org

Cleveland Heights, OH 44118

FRIENDS of the Heights Libraries
Library Education Scholarship
First Time Application

Application for Semester: _____ Fall _____ Spring _____ Summer **Year:** _____

Personal Information:

Name: _____

Address: _____

Resident of Cleveland Heights or University Heights for at least one year: _____ Yes _____ No

If no, Employee of the Heights Library System? _____ Yes _____ No

Email Address: _____

Telephone Number(s): _____

Current Employment and Title: _____

Academic Information:

Library Science School in which you are enrolled: _____

Full-Time: _____ Part-Time_____

Student Status (hours earned, academic standing) _____

University Name and Location: _____

Years attended_____ Hours Completed_____

Degree earned _____

University Name and Location: _____

Years attended_____ Hours Completed_____

Degree earned _____

Other Scholarships and Awards:
Please list other scholarships, awards, or tuition reimbursements you have received.

1. _____
2. _____

3. _____

Honors and Activities:
Include here (or attach) any college honors, offices held, and extracurricular activities, and/or any additional information which you wish to have considered.

Please attach a personal statement of your vocational plan, an official transcript of undergraduate and graduate academic work, complete and up to date and proof of enrollment.

References: Give name, title, and telephone number or email address for each.

1. Professional _____

   _____

2. Education _____

   _____

3. Personal (or other) _____

   _____

Scholarship applications are accepted three times a year. Applications for

- Fall Semester must be received between April 15 and May 31
- Spring Semester must be received between August 15 and September 30
- Summer Semester must be received between January 15 to February 28

By submitting this application, I agree to the release of my name in any print or online publicity about the FRIENDS scholarship.

Signature: _____ Date: _____

Please have each reference send a letter directly to: FRIENDS of the Heights Libraries, Scholarship Committee, 2345 Lee Road, Cleveland Heights, Ohio 44118 or email to info@friendsheightslibraries.org. All three letters of reference must also be received by the respective semester deadline

Send completed application, transcripts, personal statements and proof of enrollment to the FRIENDS at the above address.