



(216) 932-3600 ext. 1234 friends@heightslibrary.org www.heightslibrary.org

## 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 Height                                       | s 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:<br>Please list other scholarships, awards, or tuition rel | imbursements you have received. |
| 1  | <del></del>                     |
| <b>2</b> .   |                                 |

| 3.  |  |
|---|--|
| Include   | s and Activities: here (or attach) any college honors, offices held, and extracurricular activities, and/or any enal information which you wish to have considered.                      |
|   | e attach a personal statement of your vocational plan, an official transcript of graduate and graduate academic work, complete and up to date and proof of enrollment.                   |
| Refere  | ences: Give name, title, and telephone number or email address for each.   |
| 1.  | Professional   |
|   |  |
| 2.  | Education  |
| 3.  | Personal (or other)  |
| Schola  | arship applications are accepted three times a year. Applications for  |
| •   | Fall Semester must be received between June 1 and July 1 Spring Semester must be received between November 1 and December 1 Summer Semester must be received between March 1 and April 1 |
| •   | emitting this application, I agree to the release of my name in any print or online publicity about IENDS scholarship.   |
| Signati   | ure: 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 <a href="mailto:scholarships@friendsheightslibraries.org">scholarships@friendsheightslibraries.org</a> . 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.