FRIENDS of the Heights Libraries
Library Education Scholarship
Renewal 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 not required.

Scholarship 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

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

Signature: ___________________________________________ Date: ______________

Send completed application, transcripts, personal statements and proof of enrollment to FRIENDS of the Heights Libraries, Scholarship Committee, 2345 Lee Road, Cleveland Heights, Ohio 44118 or email to scholarships@friendsheightslibraries.org