



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

FRIENDS of the Heights Libraries Library Education Scholarship Renewal Application

Application for Semester:	Fall	Spring	Summer	Year:
Personal Information:				
Name:				
Address:				
Resident of Cleveland Heig	ghts or University He	eights for at least o	one year: Yes	No
If no, Employee of the Heig	ghts Library System'	? Yes	No	
Email Address:				
Telephone Number(s):				
Current Employment and T	- itle:			
Academic Information:				
Library Science School in v	which you are enroll	ed:		· · · · · · · · · · · · · · · · · · ·
Full-Time: Part	-Time			
Student Status (hours earn	ed, academic stand	ing)		
University Name and Loca	tion:	· · · · · · · · · · · · · · · · · · ·		
Years attended		Hours	s Completed	
Degree earned				
University Name and Loca	tion:			
Years attended		Hours	s Completed	
Degree earned				

Other Scholarships and Awards: Please list other scholarships, awards, or tuition reimbursements yo	ou have received.
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<i>3.</i>	
Honors and Activities: Include here (or attach) any college honors, offices held, and extract additional information which you wish to have considered.	curricular activities, and/or any
Please attach a personal statement of your vocational plan, an undergraduate and graduate academic work, complete and up References not required.	
Scholarship applications are accepted three times a year. Application	ons for
 Fall Semester must be received between June 1 and July 1 Spring Semester must be received between November 1 an Summer Semester must be received between March 1 and a 	
By submitting this application, I agree to the release of my name in the FRIENDS scholarship.	any print or online publicity about
Signature:	Date:
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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