FRIENDS of the Heights Libraries
Library Education Scholarship

Application for Semester:  ____ Fall  ____ Spring  ____ Summer  Year: ______

Personal Information

Name______________________________________________________________

Address____________________________________________________________

I have lived in Cleveland Heights or University Heights for at least one year  Yes  No

If no, do you work for the Heights Library System?  Yes  No

Email address_______________________________________________________

Telephone number(s) ________________________________________________

Current Employment and Title  ________________________________________

Academic Information

Library School in which you are enrolled (or plan to enroll) ________________________________

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 _________________________________________________________
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 plans and an official transcript of undergraduate and graduate academic work, complete and up to date.

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

1) Professional
___________________________________________________________________________________
___________________________________________________________________________________

2) Educational
___________________________________________________________________________________
___________________________________________________________________________________

3) Personal (or other)
___________________________________________________________________________________
___________________________________________________________________________________

Please have each reference send a letter directly to: FRIENDS of the Heights Libraries, Scholarship Committee, 2345 Lee Rd., Cleveland Hts., OH 44118.

Send completed application, your transcript and personal statement to the FRIENDS at the above address. Scholarship applications are accepted twice a year. Applications for the Fall Semester must be received between June 1 and July 1. Scholarship applications for the Spring Semester must be received between November 1 and December 1. Scholarship applications for the Summer Semester must be received between March 1 and April 1. All three letters of reference must also be received by the library by the respective semester deadline.

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

Signature ______________________________ Date ______________________________