

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 H	leights for at least one year	Yes No
If no, do you work for the Heights Library System	m? Yes No	
Email address		
Telephone number(s)		
Current Employment and Title		
Academic Information		
Library School in which you are enrolled (or pla	n to enroll)	
Full-time Part-time		
Student Status (hours earned, academic standing	ng)	
University name and location		
Years attended	Hours completed	
Degree earned		
University name and location		
Years attended	Hours completed _	
Degree earned		

Honors and Activities

Signature	Date
By submitting this application, I agi the FRIENDS scholarship.	ree to the release of my name in any print or online publicity about
address. Scholarship applications a received between June 1 and July 1 between November 1 and Decemb	r transcript and personal statement to the FRIENDS at the above are accepted twice a year. Applications for the Fall Semester must be 1. Scholarship applications for the Spring Semester must be received per 1. Scholarship applications for the Summer Semester must be ril 1. All three letters of reference must also be received by the library ne.
Please have each reference send a Committee, 2345 Lee Rd., Clevelar	a letter directly to: FRIENDS of the Heights Libraries, Scholarship nd Hts., OH 44118.
3) Personal (or other)	
References : Give name, title ,	and telephone number or email address for each.
	ment of your vocational plans and an official transcript of emic work, complete and up-to-date.
additional information which you w	e honors, offices held, and extracurricular activities, and/or any vish to have considered.