Annual Friends of the Easton Area Public Library Scholarship Application
Two $500 Scholarships will be awarded.

Deadline: Application must be in committee’s possession by 4 pm, Friday, May 1, 2020.
Please drop off application in a sealed envelope labeled “Friends’ scholarship application” at the circulation desk of the Main Library or mail the application to:
Easton Area Public Library, 515 Church St., Easton, Pa 18042   Attention: scholarship application

**Please attach a copy of your transcript to this application. No transcript will result in disqualification of the application.**

**TO BE ELIGIBLE FOR THE FRIENDS’ SCHOLARSHIP, THE APPLICANT MUST HAVE A FINE-FREE VALID (NOT EXPIRED) PUBLIC LIBRARY CARD AS OF THE DEADLINE OF THE APPLICATION. THIS INFORMATION WILL BE VERIFIED BEFORE THE APPLICATION IS CONSIDERED. PLEASE LIST THE LIBRARY’S LOCATION.____________________

Please print clearly or type all responses. If more space is needed, answers may be printed on separate paper and stapled to the application. Thank you.
Name: ___________________________________________ Parents’ names__________________________________________

Address:___________________________________________________________________________________________

Phone number: Home:_________________________; cell:__________________________

School:___________________________________________________________________________________________

TO BE ELIGIBLE, AT LEAST ONE OF THE FOLLOWING MUST BE APPLICABLE. CHECK ALL WHICH ARE APPLICABLE:
 _____graduating senior of Easton Area High School        _____child of employee of Easton Area Public Library
 _____page or volunteer at Easton Area Public Library       _____child of Friend of Easton Area Public Library

Describe your job experience: (If none, please explain why.)

Describe your volunteering experiences: (If none, please explain why.)

List any extra-curricular activities: (If none, please explain why.)

On a separate sheet of paper, in approximately 50-75 words, explain (a) your post high school plans and (b) why you believe you are deserving of this scholarship. Attach this page to the application.

Signature_________________________________________ Date ________________________________