

Annual Friends of the Easton Area Public Library Scholarship Application

\$500 Scholarship will be awarded.

Deadline: Application must be in committee's possession by 4 pm, Wednesday, May 1, 2024.

To submit application: (1) drop off the application with transcript in a sealed envelope labeled "Friends' scholarship application" at the circulation desk of the Main Library, (2) mail the application with transcript to Easton Area Public Library, 515 Church St., Easton, Pa 18042 Attention: scholarship application, or (3) send the application with transcript by email to eaplfriends@eastonpl.org Subject: 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 in blue or black ink 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 _____ email address _____

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 _____