

# 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, Wednesday, May 1, 2019.

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: \_\_\_\_\_

Check all which are applicable to you:

\_\_\_\_ 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 \_\_\_\_\_