



(216) 932-3600 ext. 1234 friends@heightslibrary.org www.heightslibrary.org

## FRIENDS of the Heights Libraries Library Education Scholarship First Time Application

Application for Semester:	Fall _	Spring	Summer	Year:
Personal Information:				
Name:	<del>.</del>			
Address:				
Resident of Cleveland H	eights or Univ	ersity Heights for a	at least one year:	_YesNo
If no, Employee of the H	eights Library	System?Y	es No	
Email Address:	<del>-</del>			
Telephone Number(s): _				
Current Employment and	d Title:			
Academic Information:				
Library Science School i	n which you a	re enrolled:		
Full-Time: Pa	ırt-Time			
Student Status (hours ea	ırned, acaden	nic standing)		
University Name and Lo	cation:			
Years attended_			Hours Completed	
Degree earned _				
University Name and Lo	cation:			
Years attended_	<del></del>		Hours Completed	
Degree earned _				
Other Scholarships and Please list other scholars		, or tuition reimbur	sements you have rece	eived.
1				
2.				

<i>3.</i>	
Include	es and Activities: se here (or attach) any college honors, offices held, and extracurricular activities, and/or any enal information which you wish to have considered.
	e attach a personal statement of your vocational plan, an official transcript of graduate and graduate academic work, complete and up to date and proof of enrollment.
Refere	ences: Give name, title, and telephone number or email address for each.
1.	Professional
2.	Education
3.	Personal (or other)
	urship applications are accepted three times a year. Applications for
•	Fall Semester must be received between April 15 and May 31 Spring Semester must be received between August 15 and September 30 Summer Semester must be received between January 15 to February 28
•	omitting this application, I agree to the release of my name in any print or online publicity about ILENDS scholarship.
Signati	ure: Date:
Schola schola	e have each reference send a letter directly to: FRIENDS of the Heights Libraries, arship Committee, 2345 Lee Road, Cleveland Heights, Ohio 44118 or email to arships@friendsheightslibraries.org. All three letters of reference must also be received by spective semester deadline

**Send** completed application, transcripts, personal statements and proof of enrollment to the FRIENDS at the above address.