

Friends of the Salina Public Library
Scholarship for Vggp'Xqnpvggt u
Application Form

Personal Data

Name _____

Address _____

Home Phone _____ Cell Phone _____

Name of High School _____

School You Plan to Attend (if undecided, write undecided)

Start Date for College or School _____

Educational Goals

Briefly explain your educational and career goals

List School Activities and Community Involvement

Include honors and awards received, and indicate the amount of time you volunteered (use an additional sheet if necessary).

Work History

Please list the places you have worked.

Places of Employment Dates Names of Supervisor/Employers

List number of Volunteer hours in Library
and if you helped set up or tear down during the two F of L Book Sales.
Return all completed scholarship application items:

- Application Form
- Essay about what a Friends scholarship would mean to you (250 word minimum)
- Two recommendations
- High School Transcript submitted directly from the high school

All items to be sent to: Friends of the Salina Public Library
301 W. Elm Street
Salina, KS 67401
