



77 Boone Hills Dr  
St Peters MO 63376

636-441-2300  
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www.stchlibraryfriends.org  
friends@stchlibrary.org

## **Friends of the Library** **2015 Scholarship Application**

### **General Information:**

The Friends of the Library have established a college scholarship of \$1,000.00 to be awarded to high school seniors who will attend an accredited university, college, community college or other similar school in the 2015 – 2016 school year.

Selection is based on the student meeting one of the following criteria in addition to completing a short essay to be submitted with their application:

-  a high school senior who has **volunteered** with the **St. Charles City-County Library District** or the **Friends of the Library** for at least 6 months
-  a high school senior who is a **current employee** of the **St. Charles City-County Library District** with at least 6 months employment
-  a high school senior with an immediate family member that is a current employee of the **St. Charles City-County Library District** with at least one year of employment
-  a high school senior who has an **active Friends of the Library membership** for at least six months or has an immediate **family member with an active Friends of the Library membership** in place for at least six months

**Previous winners of the Friends of the Library scholarship are not eligible.**

Application deadline is March 24, 2015. INCOMPLETE applications will not be considered. The scholarship will be paid upon proof of registration.

**Value:** \$1,000.00

**Application:** Friends Scholarship Application Form

**Deadline:** March 24, 2015

**Required:** The signature of the applicant's high school guidance counselor is a required part of the application process. Applications submitted without appropriate signatures will not be considered.

Proof of registration at an accredited university, college, community college or other similar school is required. A copy of the letter of acceptance and/or class enrollment information will be required of scholarship recipients before a check will be issued.

**College:** Any accredited university, college, community college or similar school



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77 Boone Hills Drive  
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(636) 441-2300 ext 1583

***Scholarship Application***  
**\*\*\*\*Due March 24, 2015\*\*\*\***

Applicant Name \_\_\_\_\_  
Last First MI

Home Address \_\_\_\_\_  
Street  
City State Zip Code

Home Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

High School Attending \_\_\_\_\_

Expected Graduation Date \_\_\_\_\_

College/University Attending \_\_\_\_\_  
*(If not yet known, list the school you are most likely to attend with (likely) in parenthesis next to it)*

Parent(s) works for Library District: Yes No Branch Location \_\_\_\_\_  
Parent(s) is a Friends member: Yes No

Parent(s) First & Last Name(s): \_\_\_\_\_

Name and address of college, university or other school you have been accepted to or plan to attend\*:  
\_\_\_\_\_  
\_\_\_\_\_

\* A copy of the letter of acceptance and/or class enrollment information will be required of scholarship recipients before check will be issued.

## **Friends of the Library** *2015 Scholarship Application*

### **Volunteer History**

Volunteer history within the **St. Charles City-County Library District** or with the **Friends of the Library**: (example- Responsibilities: Children’s summer reading, Location: McClay Branch, Volunteer Dates: June 2013 – August 2013, Hours: 8 hours a week; Summer Book Fair 2013, Convention Center, dates volunteered, 20 hrs total). Respond with “not applicable” if you have not volunteered for the Library District or the Friends of the Library.

<b>Volunteer Responsibilities</b>	<b>Location of Volunteer Service</b>	<b>Volunteer Dates (month/year) From - To</b>	<b>Hours per week</b>

### **Employment History**

Employment history within the **St. Charles City-County Library District**: (i.e. Job Title: Library Page, Branch Location: Kisker Road Branch, Dates Employed: January 2012-June 2013 (or currently employed), 15 hours/week)

<b>Job Title</b>	<b>Branch Location</b>	<b>Dates Employed (month/year) From - To</b>	<b>Hours per week</b>



**Friends of the Library**  
**2015 Scholarship Application**

Student  
Name *(Printed)* \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

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(This section to be completed by the student's Guidance Counselor.)

The above named student is currently enrolled as a senior and is expected to graduate on  
\_\_\_\_\_/\_\_\_\_\_/2015.  
*(Month and Day)*

Counselor's  
Name *(Printed)* \_\_\_\_\_

Counselor's E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Counselor's Signature \_\_\_\_\_ Date \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code

***Scholarship Application***  
**\*\*\*\*Due March 24, 2015\*\*\*\***

Please return completed scholarship form to:

Friends of the Library  
**ATTN: Scholarships**  
77 Boone Hills Drive  
St. Peters, MO 63376