



**Friends of the Libraries, Kona (F.O.L.K.)
Scholarship Application Form**

DUE DATE: May 12, 2017

Contact Information

First Name, Middle Name, Last Name

Mailing Address, City, State, Zip code

Email Address

Phone

Are you a legal resident of Hawai'i? **Yes** **No**

Birthplace

Financial Support Information

Means of Support: (check all that apply)

Self **Father** **Mother** **Spouse** **Other**

Dependent Information

Name of Dependent	Age of Dependent

Educational Information

List all colleges, universities, and business schools attended. In addition, request official transcripts to be sent directly to F.O.L.K. scholarship committee.

Full Name of Institution	Dates Attended	Degree, Diploma, Certificate	Year Received

Honors and Work Experience

Honors and Work Experience (especially library experience)	Dates

Educational Plans

Are you now enrolled in the Library and Information Science (LIS) Program at the University of Hawai`i? Yes No

If not enrolled, have you applied for admission? Yes No

If yes, have you been accepted? Yes No

If yes, for which semester?

Are you taking classes via distance learning technology? Yes No

When do you expect to complete your degree?

Scholarship and/or Loan Information

What scholarships/loans have you received (include amounts)?

Scholarship/Loan	Date Received	Amount

What scholarships/loans are you currently applying for? Include amount(s) requested.

Scholarship/Loan	Date Submitted	Amount

Have you applied for LIS Internship? Yes No

Amount Received:

Do you intend to work while attending school? Yes No

Location	Number of hours per week

Personal Letter and References

On a separate sheet of paper, please submit a statement describing your objectives and clearly establishing your reasons for pursuing a library career. Include any information that you feel would be helpful to the committee in considering your need for scholarship assistance; also list any hobbies or interests.

In addition, have your college transcripts and letters from two persons, not members of your family, testifying as to your character and ability sent directly the Friends of the Libraries, Kona. It is preferable if at least one letter is from a professor.

I hereby declare that the information provided on this form is, to the best of my knowledge and belief, complete and correct.

Signature:

Date:

Please review and sign the Scholarship Policy Statement and mail the completed application to the Scholarship Committee at the address below:

**Friends of the Libraries, Kona
Scholarship Committee
75-138 Hualalai Rd.
Kailua-Kona, HI 96740**

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