

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

DUE DATE: FEBRUARY 28, 2022 March 31, 2022

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			
Are you a legal resident of Hawai`i Island?	□ 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				

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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 (especially library			Dates
Educational Plans			
Are you now enrolled in the Library a Hawai`i?	nd Information S ☐ Yes ☐ N	` '	gram at the University
Are you enrolled in an American Libra Information Sciences program out of	-		er in Library and □ No

When do you expect to complete your degree?

If not enrolled, have you been accepted for admission? ☐ Yes

□ No

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If yes, for which semester?

If yes, which one?

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		
Scholarship/Loan		Amount		
Scholarship/Loan Have you applied for LIS Internship?		Amount		

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. If you know the field of librarianship or information science you plan to pursue and where you would like to work please tell us. 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 send directly the Friends of the Libraries, Kona. It is preferable if at least one letter is from a professor. If you have received a F.O.L.K. scholarship in the past, there is no need to supply your undergraduate transcripts.

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 Kailua Kona Public Library 75-138 Hualalai Rd Kailua, Kona, HI 96740

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