

Friends of the Library of Hawai`i

Scholarship Application Form

DUE DATE: 5-29-09

Contact Information

First Name (middle initials)

Last Name

Mailing Address

City State Zip code

Email Address

Phone

Are you a legal resident of Hawai`i?

Yes

No

Birthplace

Support Information

Means of Support: Self Father Mother Spouse Other

Dependent Information

Name of Dependent(s)	Age of Dependent(s)

Educational Information

List all colleges, universities, and business schools attended

Name of Institution (no initials)	Dates attended	Degree, Diploma, Certificate	Year Received

A transcript of your college records must be submitted to FLH.

Honors and Work Experience

Honors and work experience (especially library experience)	Dates

Are you now enrolled in the Library and Information Science 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 the HTTS program?

Yes No

When do you expect to complete the program?

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 letters from two persons, not members of your family, testifying as to your character and ability sent directly the Friends of the Library of Hawai'i.

Personal Interview

A personal interview will be scheduled for you with the members of the committee prior to the decision making and the scholarship awards.

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 Library of Hawai`i

690 Pohukaina Street

Honolulu, Hawai`i 96813

DUE DATE: May 29, 2009