

Friends of the Cascade Library Memorial Scholarship

Scholarship Application Form (to be completed by applicant)

Name: _____
(first) (middle) (last)

Address: _____
(street) (city) (zip)

Home phone: _____ Cell: _____

E-mail: _____

Date of birth (MM/DD/YY): _____ Male ___ Female ___

Name(s) of parent(s) or guardian(s): _____

High school you currently attend: _____

Guidance counselor: _____

GPA: _____

College or university you plan to attend: _____

Likely major or area of study: _____

I certify that the information contained in this application is true.

Applicant's signature: _____

Date: _____

Please read the accompanying guidelines for this scholarship and submit this application form plus ALL additional required documents to:

Friends of the Cascade Library
Attention: Debbie Straub/Scholarship
2870 Jacksmith Ave. SE
Grand Rapids, MI 49546

Application deadline: February 15, 2022 (no exceptions)