## HARTSEL LIBRARY FRIENDS SCHOLARSHIP APPLICATION

(This is a need based scholarship)

## **SECTION 1: STUDENT INFORMATION** (Please type or print legibly)

Phone:	Email:
Date of Birth:	
_	nal school you plan to attend during the 2025/2026 school year.
	epted?
Have you applied fo	or financial aid? Total amount received
Have you received	other scholarship monies? Total amount received
Proposed academic	major or career
	/Work Experience (sports, clubs, volunteerism, etc.) Attach additio
	aph about your goals and plans for the future.

## **SECTION 2: PARENT INFORMATION** Applicant lives with: both parents\_\_\_\_\_mother\_\_\_\_father\_\_\_guardian\_ a. Father's Name\_\_\_\_\_Occupation\_\_\_\_ b. Mother's Name Occupation c. d. Number of Dependents Ages Parent/Guardian Signature Date **SECTION 3: LETTERS OF RECOMMENDATION** Please attach (2) letters of recommendation (non-relative). Letters must include the writer's name, relationship to the student (teacher, counselor, coach, etc.), phone number and email address. Letters must be signed by writer. SECTION 4: PRINCIPAL'S/COUNSELOR'S INFORMATION The following is to be completed by school authorities **AFTER** the student has completed sections 1, 2 and 3 of the application. Scholastic Record: Grade Point Average \_\_\_\_\_ Comments (Optional):\_\_\_\_\_ Name\_\_\_\_\_Signature\_\_\_\_ Position Date\_

All information submitted will be kept confidential and used solely for the purpose of scholarship administration.

Phone(\_\_\_\_\_)\_\_\_\_\_Email\_\_\_\_\_

Questions: Call (719) 836-2745 or email hartsellibrary@gmail.com

Deadline: Completed application must be received by April 15, 2025.

Hartsel Library Friends P.O. Box 281 Hartsel, CO 80449 (719) 836-2745