

## Friends Place Community Volunteer Scholarships

Dear Scholarship Applicant:

Friends Place, a nonprofit used-book store at the Southeast Regional Library, will be awarding scholarships of \$1,000 each for up to fifteen graduating seniors **residing** in the town of Gilbert this school year (2015-2016). The scholarships are awarded as a thank-you to the teens who give their time to help the community.

### Eligibility requirements:

1. Must be a graduating high school senior and **resident** of the town of Gilbert, Arizona.
2. Must be furthering their education through a college, university, community college, or vocational school.
3. Must have a cumulative GPA of 2.5 or higher.
4. Must have community volunteer experiences **other than the service hours required by schools**.

### Application procedure:

1. Application must be typed or legibly printed (Application form may be reproduced using a computer or photocopier.)
2. Submit a summary of your community volunteer activities using the following format:

Activity Name	Position(s) held Years Participated	Total hours of service	Description of activity

3. Submit a brief essay about volunteering, which can include your experiences and thoughts about volunteering.
4. Submit a reference from an adult **who has personally supervised your volunteer activities**. You may use the Volunteer Reference Form or provide a letter(s) of recommendation.

**Application deadline:** Completed applications must be mailed no sooner than March 1<sup>st</sup> and postmarked by March 28, 2016. Late application will not be considered.

Mail (do NOT drop at store) completed application to:

Friends Place: Scholarship Committee  
775 N. Greenfield Road  
Gilbert, Arizona 85234-5030

FRIENDS PLACE COMMUNITY SCHOLARSHIP APPLICATION FORM

Applicant's Name \_\_\_\_\_

Permanent Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email address: \_\_\_\_\_

Name of High School Currently Attending \_\_\_\_\_

Grade \_\_\_\_\_ GPA: \_\_\_\_\_ Schools to which you have applied or been accepted:

\_\_\_\_\_  
\_\_\_\_\_

Anticipated Field of Study: \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

I understand that the Friends Place Scholarship will be used for tuition fees and/or textbooks and school supplies only.

I understand that it is my responsibility to notify the Friends Place Scholarship Committee of any address or telephone number changes.

I understand that falsification of any information will result in termination of scholarship consideration or obligation to return any funds awarded.

The information provided is complete and accurate to the best of my knowledge. I authorize the High School to release academic information to the Friends Place Scholarship Committee for selection purposes only.

If awarded this scholarship, I agree to be in a photograph to publicize the scholarship awards.

All applications remain confidential and become the property of the Friends Place Scholarship Committee. **Incomplete and late applications will be ineligible.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attach your written statement about "Volunteering".

Include the filled out adult supervisor volunteer reference form or letter in a sealed envelope.

**Friends of Southeast Regional Library**  
**Scholarship Committee**

**Adult Volunteer Reference**

Please assess the applicant who will be considered for a scholarship based on volunteer service. Place in sealed envelope.

Name of scholarship applicant \_\_\_\_\_

Volunteer Activities

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates/Time Frame of volunteer activity:

\_\_\_\_\_  
\_\_\_\_\_

Total volunteer hours: \_\_\_\_\_

Please rate the volunteer: (Use letter grades A, B, C, D)

\_\_\_\_\_ Initiative (Works with little supervision)

\_\_\_\_\_ Reliability (Punctual, completes assignments in a timely manner)

\_\_\_\_\_ Effectiveness (Completes and follows through on assignments; contributes ideas to improve volunteer tasks)

\_\_\_\_\_ Cooperative (Works well with others)

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Adult Volunteer Supervisor (Please print)

\_\_\_\_\_

Title \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Signed \_\_\_\_\_ Date: \_\_\_\_\_