



## 2017 Friends of the Library Teen Scholarship Application Form

Refer to the eligibility and guideline requirements that outline the application procedures prior to completing and submitting your application.

Name  Age

Street Address

City  Postal Code

Phone  E-mail

Library Card No.

Current High School Attending

University/College/Trade or Vocational School Institution. Include Field of Study.

### **Consent**

As your name, photo and city of residence may be used in various forms of communication for publicity purposes such as social media, print ads, web content, etc., the following consent form is required to be completed. If the applicant is under 18 years of age, a parent or guardian must provide their consent.

I hereby authorize the Oshawa Public Libraries and the Friends of the Library to use my name, photo and city of residence, as applicable, with respect to the 2017 Friends of the Library Teen Scholarship program.

\_\_\_\_\_  
Name of Applicant (or parent/guardian)

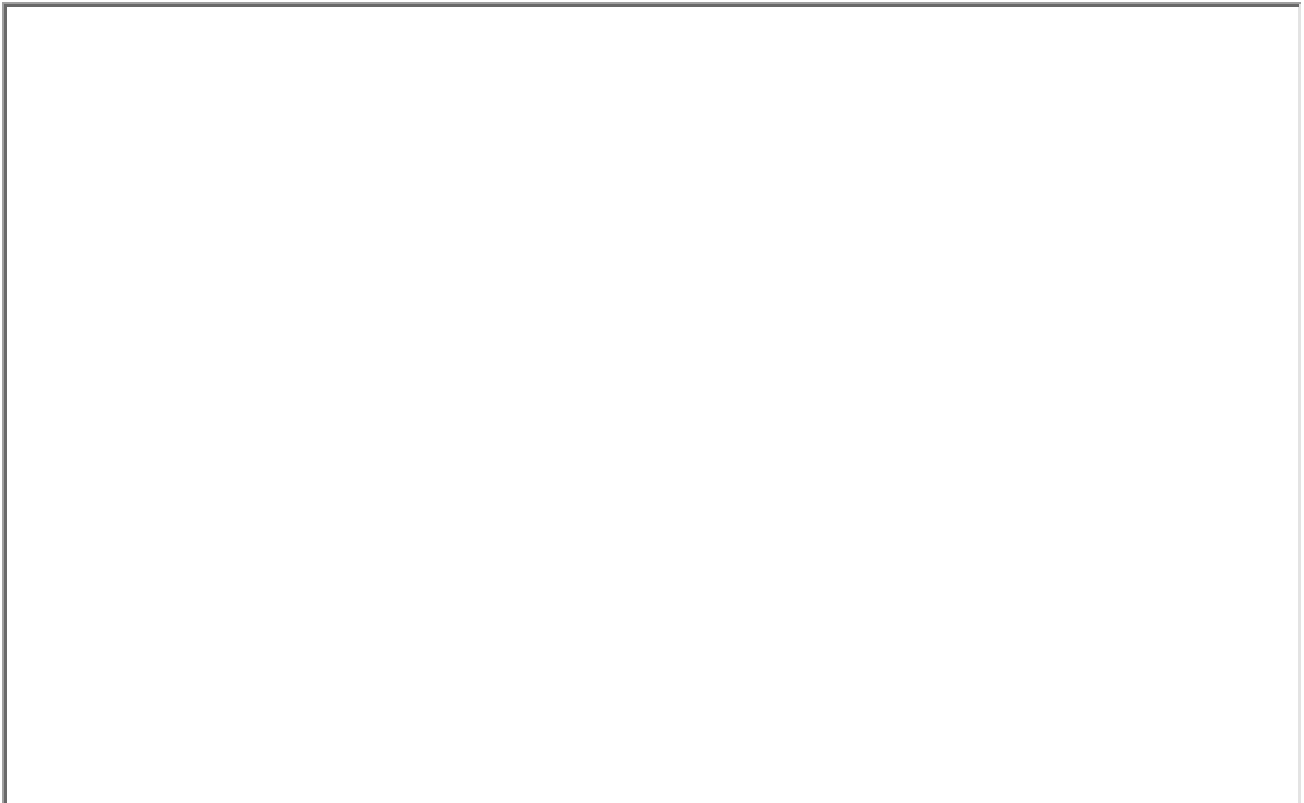
\_\_\_\_\_  
Signature of Applicant (or parent/guardian)

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

Employment Experience (Attach additional pages, if necessary):

A large, empty rectangular box with a thin black border, intended for the applicant to provide details of their employment experience. The box is currently blank.

Volunteer Experience (Attach additional pages, if necessary):

A large, empty rectangular box with a thin black border, intended for the applicant to provide details of their volunteer experience. The box is currently blank.