

2018 Application for the Friends of the Alpharetta Library Scholarship
\$500 Scholarship

Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

Email Address: _____

High School attended (check one):

- | | |
|--|--|
| <input type="checkbox"/> Alpharetta High School | <input type="checkbox"/> Legacy Academy |
| <input type="checkbox"/> Fulton Science Academy | <input type="checkbox"/> St. Francis High School |
| <input type="checkbox"/> Home School | <input type="checkbox"/> Veritas Classical Schools |
| <input type="checkbox"/> Kings Ridge High School | |

Name of college, university or other institution of higher learning where you have been accepted. Copy of acceptance letter must be attached.

Anticipated course of study: _____

List of Accomplishments:

List of extra-curricular activities:

Other pertinent information:

Compose a short essay (250 – 500 words) on *The Importance Of A Free Public Library System In Today's Society.*

(attach copy)

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I affirm that the information submitted above is accurate and complete.

Signature: _____

Note: Applicant must be a U.S. Citizen or permanent legal resident of the U.S.

Send to: The Friends of the Alpharetta Library
Attn: Scholarship Committee
10 Park Plaza
Alpharetta, GA 30009

Visit us at www.fotal.org for more information about us and our scholarships.

**Applications MUST BE RECEIVED by May 1, 2018.
NO APPLICATIONS WILL BE ACCEPTED AFTER THAT DATE.**