



High School Senior Scholarship Application Form

The Friends of the Wakulla County Public Library know how important it is that our graduating seniors gain the skills to be our community's leaders of tomorrow.

We are pleased to invite those graduating seniors who are seeking higher education degrees to apply for a Friends of the Wakulla County Public Library Scholarship. One \$1500.00 scholarship will be awarded at graduation.

To be considered for this scholarship, a student must:

1. Be a graduating senior from Wakulla County, Florida.
2. Have maintained a 2.5 GPA during your senior year studies. Please provide a copy of your High School Transcripts as well as a letter from your high school administration on letterhead, with your name, address, GPA, and year of graduation as verification.
3. Currently holds a library membership with the Wakulla County Library.
4. Write a short 750-word or more essay on your intended studies outside of graduation.
5. Other information that can be included with the application but not required: Copy of volunteer hours, community service, letters of recommendation, library involvement or anything that the applicant may feel would enhance the application.
6. Mail or deliver your Scholarship information to The Friends of the Wakulla County Public Library, P O Box 1737, Crawfordville, FL 32326. The completed packet must be submitted by April 12, 2023.
7. Complete the personal information listed below.

Scholarships will be awarded based on applications essay, GPA, and library involvement.

APPLICANT PERSONAL INFORMATION

Name _____ Date of Birth _____

Home Address _____

Telephone Number _____ Email Address _____

Library Membership/Card # _____ Date Acquired _____

High School _____ Current High School GPA _____ SAT/ACT Score _____

Intended College or Vocational School _____

Ultimate College or Vocational Goal _____

I affirm that all statements included in this scholarship packet are true, completed, and correct. I authorize the use of my photo and the investigation of all information that The Friends of the Wakulla County Public Library deem relevant to my application including all statements made in the application and any attachments or supporting documents. I authorize the any request, receiving of such information and release The Friends of the Wakulla County Public Library from all liability that might result from making such investigation.

Signature _____ Date _____

Winner of the Chamber of Commerce 2021 Non-Profit Organization II Award

“Making Literacy a Priority in Wakulla County”