Friends of the Riverhead Free Library

Scholarship Award Application

Last Name	First Name				
Home Phone #	Cell #	Email			
Street Address		City	State	Zip	
Academic Awards					
Studies outside of School	ol				
Overall Grade Average:	Riverhea	d June 2024 Senior: Y_N			
References:					
1. Name		Relationship to Applicant			
Years Known	Email		Phone No		
2. Name		Relationship to	Applicant		
Years Known	Email		Phone No		
3. Name		Relationship to	Applicant		
3. NameYears Known	Email		Phone No		
Statement:					
			nolarship and any a	additional information they	
believe would be u	seful in considering th	iem.			
Interviews:					
		d/or their representatives ar			
-		rviewed at which time appl	-	-	
<u> </u>	the Friends. Interviews	s must be scheduled within	a reasonable time	frame to facilitate a decision	
in a timely manner.					
Agreement to Terms:					
		eniors graduating in June 2			
be reviewed for responsive	eness to the Friends' ca	riteria for award. A hard c	opy of applications	s and all supporting	
information must be received	ved no later than April	1, 2024 in order to be con	sidered for the 202	24 award. By	
submitting this application	n applicants agree to a	allow Friends to contact ret	ferences, agree that	t the decision of the	
Friends is final and agree	to the use of applicant	's name, recordings of inte	rviews and any im	ages the Friends may	
choose to use for promotion	on and its own purpose	es.			
Applicant Signature		Printed Name		Date	
Parent Signature		Printed Name			
School Official Signature_		Printed Name		Date:	