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**Advocating for Libraries,
Literacy, and Lifelong learning**

Friends of Union County Library Scholarship
2026 Student Information Sheet

_____
Last Name First Name M.I.

_____
Street (Permanent Address)

_____
City State Zip

_____ _____ _____
Phone Number Email Address Date of Birth

Name of accredited college/university you anticipate attending in the fall:

_____

My signature below indicates that:
1) If selected, I give consent to Friends of Union County Library (FOUCL) to use my name, photo, and essay for possible publicity use on FOUCL's Facebook page, website, and quarterly newsletter, a newspaper article, and the Union County Library Events Board and
2) I have read and understand the requirements on the application page and agree to return the scholarship award in full if I do not attend the accredited college or university in the fall.

Applicant's Signature _____ Date _____

Parent's/Legal
Guardian's Signature _____ Date _____
(If under the age of 18)