



The Freedom Library, Inc.

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Scholarship Application

Name _____
Last First Middle

Home Address _____

City _____ State _____ ZIP _____

Phone (____) _____

E-mail Address _____

Parent or Guardian Name _____
(If under age 18)

Parent or Guardian Address _____
(If under age 18)

School _____ Grade Level _____

Birthdate _____

Intended/current course of study/major (if known): _____

Career goal (if known): _____

I confirm by my signature below that the information I have provided to The Freedom Library, Inc. is accurate and true to the best of my knowledge, and understand that falsification of any statements will result in disqualification of the scholarship. I also understand that the scholarship is awarded at the discretion of The Freedom Library, Inc., and I give that organization permission to contact my school(s) or other references for verification of any information that I have submitted.

Student Signature Date

Parent or Guardian Signature (If student is under age 18) Date