

Friends of the Library in Pelham (FLIP) Undergraduate Scholarship Application Please fill out completely. Application must be received by <u>May 3, 2024, 5:00 p.m.</u> Please PRINT Legibly.

Name				
	First	Middle	Last	
Home Address		Pelham NH 03076		
Phone		Number of years lived in Pelham NH		
Name of High Schoo	I			
Name of Parent(s) / Guardian(s)				
Address				
			essay may be published.	
Signature		Date:		
List school and/or co	mmunity groups	s of which you are a me	mber	
Name of College, Un	iversity, or Voca	ational School you plan	to attend in the Fall of 2024	
Intended Major			Have you been accepted?	
access to the Pelham	Public Library (or other high school, coll	font, describing what specific ege, or community library) has ed and attached to this applica	s had on
	Frie	nds of the Library in Pe 24 Village Green Pelham NH 03076	ham	
Office Use Only: Date r	eceived:		_ Library Staff initials:	