Application for The Shirley W. Boone Scholarship

\$5,000 to be awarded April 1, 2025
Sponsored by The Friends of Chapin Memorial Library
400 14th Avenue North
Myrtle Beach, SC 29577

email:friendsofcml@chapinlibrary.org



The Shirley W. Boone Scholarship is a one-time \$5,000 scholarship awarded to a high school senior intending to attend a degree program in any subject at any college, university, or trade school.

Deadline:

Students must turn in their completed application packet at the main lobby service desk by **5:00 pm on Friday, February 28**. Late submissions will not be considered.

Completed application packets must include:

| ш | Completed and signed application |
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| | Proof of 20 hours of completed volunteer hours with Chapin Memorial Library |
| | Letter of recommendation from a Chapin Memorial Library staff member |
| | An additional letter of recommendation from an individual other than family or library staff |
| | High school transcript |
| | Essay of approximately 500 words that answers the following prompt: |
| | Shirley W Boone was proud of the sense of community Chapin Memorial |
| | Library helped cultivate. Describe your personal role in this library |
| | community. |

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| Name: | |
|---|--|
| Address: | |
| Email: | |
| Phone number: | |
| Which degree program do you intend to pursue at college? | |
| Are you currently employed? | |
| Where? | |
| Job title? | |
| Name of recommender from library staff? | |
| Name or other recommender? | |
| Relationship to you? | |
| Name, phone number, and address of high school? | |
| Please list your school, community, leisure, and work involvement: | |
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| By submitting this application, I understand that I may be interviewed by the Friends of Chapin | |
| Memorial Library Scholarship Committee. If I am chosen for and accept the scholarship award, I am required to use the funds for tuition or related enrollment costs (book purchases, technology fees, etc). I understand that the scholarship will be announced on April 1, 2025 and presented at a Myrtle Beach City Council Meeting during the summer of 2025. The scholarship funds will be sent directly to the bursar's office at my selected college or university. I accept that it is my responsibility to inform the Friends of Chapin Memorial Library, in writing, which college or university I will be attending and all other relevant details regarding payment to my institution of higher learning. By submitting this application, I confirm that I have read this statement and attest to the truth of all information presented in my application packet and consent to the above requirements. | |
| Applicant signature: | |