

Non-Resident Library Card Scholarship Application

The City Council and the Library Board of Newberg recognize the difficulty presented by the non-resident user fee to those of limited means. In order to provide full library access to those families or individuals with limited financial resources, a scholarship program has been established. The Scholarship Fund is supported by donations from community members. The donations are used to cover the cost of a six month library card for qualified applicants. The scholarship (library card) may be renewed, however another application must be completed at the time of renewal.

To Qualify:

Scholarships will be granted on a first come basis to applicants with household incomes at 60% of the median household income for Newberg, 2015 \$30,023.

All applicants will be notified if they will receive a scholarship; if they do not qualify; or if they qualify at a time when the Scholarship Fund is depleted and cards cannot be issued until additional funds are raised.

Application

Name _____ Birth date _____
Last First Middle Initial

Local Mailing Address _____ City/State _____ Zip _____

Permanent Street Address (if different than above) _____

Home Phone _____ Business or Message Phone _____

E-mail Address _____

Please be advised that information you include on this form becomes public record (ORS 192.420). Check-out information, however, is confidential (ORS 192.500).

I accept responsibility for items checked out on my card.

I certify that my annual household income is at or below the amount indicated above. I understand my request for a scholarship will be reviewed and if I qualify and funds are available, I will receive a six month library card.

Signature _____ Date _____

(Please list additional household members who need cards on the back of form.)

Comments (optional): Please indicate why you wish to receive a scholarship card. The information will be used to encourage future donations to the Scholarship Fund. All comments will remain anonymous.

Additional household members:

Name _____ Birth date _____
Last First Middle Initial
(Card # _____)

Name _____ Birth date _____
Last First Middle Initial
(Card # _____)

Name _____ Birth date _____
Last First Middle Initial
(Card # _____)

Name _____ Birth date _____
Last First Middle Initial
(Card # _____)

Name _____ Birth date _____
Last First Middle Initial
(Card # _____)

Name _____ Birth date _____
Last First Middle Initial
(Card # _____)

Library Use Only

All scholarship applications are to be reviewed by the Library Director

Scholarship Fund
Current Balance _____ Revised Balance _____ Final Balance _____

Application Approved _____ Application denied _____
Reason for denial _____
Applicant Notified of denial _____
Date

Library cards sent to approved applicant _____
(or current cards renewed and applicant notified) *Date*

Type of Registration : _____ *New Scholarship* _____ *Renewed Scholarship card*

Code / \$ amount: _____ *Household Scholarship*
_____ *Senior Scholarship*