Name		Date of Birth		* 3
Address			e	
Parent(s) or Guardian				
Social Security Number				A 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Grade Point Average	_College or Unive	ersity you plan to attend		
3. Planned field of study				
4. Extra-curricular activities			e e	
1				
5. School or community arts affil				
				0
6. Submit two letters of recommo	endation from tea		nity leaders.	
your work. (ex. Short story, portf		i i	1	
Submit your application along wi	th your sealed tra	nscript to :	*	

David Cory

BLT Scholarship Committee

P.O. Box 741

Bucyrus, Ohio 44820

Application Deadline

MAY 1, 2016