

**APPLICATION
LARRY LAWRENCE MEMORIAL SCHOLARSHIP
SKILLED TRADE SCHOLARSHIP
\$2,000**

NAME (Last, First, Middle) _____

ADDRESS (Street, City, Zip code) _____

PHONE NUMBER _____

E-MAIL _____

GRADUATING FROM (Name of high school) _____

AREA OF INTEREST _____

SCHOOL PLANNING TO ATTEND _____

REASON YOU HAVE CHOSEN THIS SCHOOL

If you have any additional information to share, please do not hesitate attaching it to this sheet.

LIST EMPLOYMENT HISTORY

DATE _____ EMPLOYER _____ TYPE OF WORK _____

DATE _____ EMPLOYER _____ TYPE OF WORK _____

DATE _____ EMPLOYER _____ TYPE OF WORK _____

DATE _____ EMPLOYER _____ TYPE OF WORK _____

DATE _____ EMPLOYER _____ TYPE OF WORK _____

SIGNATURE _____ DATE _____

*Application must be submitted no later than April 30, 2024, to
Brighton Area Historical Society P.O. Box 481 Brighton Michigan 48116*