

WTLW TV Broadcast Scholarship Application

\$1000 awarded by WTLW TV, 1844 Baty Rd., Lima, Ohio 45807

wtlw.com 419-339-4444

Email questions to Kevin Bowers, General Manager: kbowers@wtlw.com

Application Process

Completed application must be received via mail by Friday, March 1, 2024. Scholarship winner will be determined on Wednesday, March 13, 2024.

WTLW Scholarship
1844 Baty Rd.
Lima, Ohio 45807

Completed application must include: application form, essay page, copy of high school transcript.

☐ I have interest in pursuing a career in broadcast television and/or related career such as broadcast journalism, public relations, sales marketing, graphics design, web design, photo journalism, or mass media.

About You

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Email: _____

Father/ Guardian: _____ Mother/ Guardian: _____

Telephone(s) (if different from above) _____

Your School

Name of high school from which you will graduate: _____

Current grade point average (please indicate scale): _____

Post- Secondary school you plan to attend this fall: _____

School's address: _____

City, State, Zip _____

Telephone: _____

Honors and Activities

List your academic honors and other accomplishments: (attach additional sheets if necessary)

List school, church, club, volunteer and community activities including offices held:
(attach additional sheets if necessary)

Essay

Please submit one typewritten page (double spaced) addressing the following questions:

- What career do you plan to pursue and why did you select it?
- In what activities have you participated related to your career choice?
- What activity or affiliation have you found to be most rewarding and why?
- How will your personal morals and convictions affect the pursuit of your career goals?

Applicant's Signature

I certify that the information given by me on this application and attachments is true and correct, to the best of my knowledge.

Applicant's Signature: _____ Date: _____

School representative (principal or guidance counselor):

I certify that this student has been enrolled at the fore-mentioned school.

Name (please print): _____ School: _____

Signature: _____ Date: _____