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

NAME (Last, First, Middle)			
ADDRESS (Street, Cit	y, Zip code)		
PHONE NUMBER —			
E-MAIL			
AREA OF INTEREST _			
SCHOOL PLANNING	TO ATTEND		
REASON YOU HAVE (CHOSEN THIS SCHOOL		
LIST EMPLOYMENT H	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, 2023 to the Brighton Area

Historical Society P.O. Box 481 Brighton Michigan 48116