

2010 WIPB Broadcasting Scholarship

Application Form

Student's Full Name:

Local Mailing Address:

Local Telephone Number:

E-Mail Address:

GPA (end of previous semester):

Certification

In submitting this application for the 2010 WIPB Broadcasting Scholarship, I certify that I meet all of the requirements as explained in the information sheet on file in the Telecommunications Department. I further certify that the essay being submitted is my own work. I grant permission for my essay to be published or presented in any manner or form by WIPB-TV.

Student's Signature: _____

Date: _____