



Ohio Young Birders Club

John Gallagher Memorial Scholarship Fund

Scholarship Application Form

Your Information:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Gender: Male Female Date of Birth: __/__/____ Age: _____

Phone: _____

Email: _____

Name of Parent or
Legal Guardian: _____

Event or class for which you are applying for a scholarship to attend:

Your Signature: _____ Date: _____

Parents/Guardian's
Signature: _____ Date: _____