



Ohio Young Birders Club – Northeast Chapter  
Thomas Coltman Memorial Scholarship Application Form



Mail to:  
Black Swamp Bird Observatory  
c/o Laura Guerard  
13551 W. St. Rt. 2  
Oak Harbor, OH 43449

Applicant Information:

Name: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

Street Address \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

City \_\_\_\_\_

State: \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

I am a member of the following organization(s): \_\_\_\_\_

\_\_\_\_\_  
Name of Parent or Legal Guardian:

\_\_\_\_\_  
Class, Program, Camp, or Conference for which you are applying for a scholarship to attend:

\_\_\_\_\_  
Total Cost of program/camp/conference you are interested in attending: \$ \_\_\_\_\_

Essay describing your request and why this experience would be important to you attached

Letter of recommendation attached

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_