

## WHEELER BROADCASTING MINORITY BROADCASTING SCHOLARSHIP APPLICATION

Last Name	First	MI	Suffix	Date of Birth	
Address (Including ap	partment and box numbers)		City	State	Zip
E-mail address	E-mail address Daytime Phone			Evening Phone	
Last high school or	college attended				
Last grade or year	completed				
Planned college ma	ajor				
Name of Guidance	Counselor or Sponsor				
Are you currently e	nrolled in a broadcastin	g curricul	ım?		
<ol> <li>3 letters of residual</li> <li>A statement</li> </ol>	application, please su ecommendation from ar explaining your interest describing past commu articipated.	nyone oth t in a broa	er than imme dcast career.		ties in

PLEASE SUBMIT THIS COMPLETED APPLICATION NO LATER THAN MAY 31, 2025. Mail to Jason Williams, Mel Wheeler, Inc., 3934 Electric Road, Roanoke, VA 24018. Or Email to <a href="mailto:hr@wheelermediasolutions.com">hr@wheelermediasolutions.com</a>

To Applicant: All information submitted on this application will be used for the sole purpose of awarding the scholarship and will be kept confidential.