



Metropolitan Detroit Bureau of School Studies, Inc.  
**2016 Metro Bureau Thomas D. McLennan Scholarship  
Award Application  
Signature Form**

Name: \_\_\_\_\_  
Please Print

Date electronic application  
completed/submitted: \_\_\_\_\_

High School: \_\_\_\_\_

District: \_\_\_\_\_

I attest that the information submitted on the above date is true.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator's Signature and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date

**Return by Friday, March 4, 2016 to:**

Metropolitan Detroit Bureau of School Studies, Inc.  
391 College of Education  
Wayne State University  
Detroit MI 48202

**Or**

Fax: 313-577-8278

E-Mail: [pdenson@wayne.edu](mailto:pdenson@wayne.edu) or [daberger@wayne.edu](mailto:daberger@wayne.edu)

**REMINDER – ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED**