



P.O. Box 321 ♦ Brunswick, OH 44212
www.ovbta.org

COMPANY ENDORSEMENT OF APPLICANT

TO: OVBTA Education Scholarship Committee

FROM: Name _____

Title _____

Company _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

We are very pleased that _____ is applying for an OVBTA Education Scholarship. Please be assured that we will endorse and support this effort by confirming that we will provide the time necessary for this applicant to attend the courses or events associated with the scholarship.

Signature

Date