

BLOOMER HIGH SCHOOL SCHOLARSHIP REQUEST FORM

NAME _____

DATE _____

Scholarship Applications Requested:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Please return to Requests box in the Counseling Center. The application you requested will be in the Completed Requests Application box in the Counseling Office the following day.

If you have any questions or comments, please contact Mrs. Herrick.

Thank you!