

**Your Name:** \_\_\_\_\_

<b>Application Needed</b>	<b>Check mark:</b>	<b>Received:</b>
Eastern Ind Federal Credi Union		
Henry Co. Hospital Foundation		
Henry Co. REMC		
Indiana Sheriff's Assoc.		
Stephen Family Memorial Scholarship		
Nine Star Connect		
Oberdorfer		

Date Requested: \_\_\_\_\_ Date Delivered: \_\_\_\_\_ Staff Initial: \_\_\_\_\_

**Turn into the Counseling Center to request scholarships😊**