



**Bob's Discount Furniture \$100,000 High School Heroes
Scholarship Program – 2009-2010**

WINNER CONTACT FORM

Congratulations! Your school may have already earned scholarship money. The official scholarship amount that your school earns will be posted on www.bobshighschoolheroes.com on June 7th.

Student scholarship winners must be selected by Friday, June 18th, 2010. Once the students have been chosen, please complete the form below and return it to Pam Leach. **Please list winning student names in order of winning the scholarship** (example: if you list 10 students and your school wins 1st place, only the first five names listed on this form will be awarded the scholarship). **Fax form to Pam @ 781-461-2290 by Friday, June 18!**

HIGH SCHOOL CONTACT INFORMATION (please print)

High School Name: _____
School Contact Name: _____
Mailing Address: _____
City, State, Zip code: _____
Work number: _____ Work Email: _____
Summer Phone: _____ Summer Email: _____

STUDENT #1 CONTACT INFORMATION (please print)

Name: _____
Mailing Address: _____
City, State, Zip code: _____
Phone number: _____ Email: _____

STUDENT #1 BURSAR OFFICE CONTACT INFORMATION (please print)

College Name: _____
Mailing Address: _____
City, State, Zip code: _____
Phone number: _____ Email: _____

STUDENT #2 CONTACT INFORMATION (please print)

Name: _____
Mailing Address: _____
City, State, Zip code: _____
Phone number: _____ Email: _____

STUDENT #2 BURSAR OFFICE CONTACT INFORMATION (please print)

College Name: _____
Mailing Address: _____
City, State, Zip code: _____
Phone number: _____ Email: _____

STUDENT #3 CONTACT INFORMATION (please print)

Name: _____
Mailing Address: _____
City, State, Zip code: _____
Phone number: _____ Email: _____

STUDENT #3 BURSAR OFFICE CONTACT INFORMATION (please print)

College Name: _____
Mailing Address: _____
City, State, Zip code: _____
Phone number: _____ Email: _____

STUDENT #4 CONTACT INFORMATION (please print)

Name: _____
Mailing Address: _____
City, State, Zip code: _____
Phone number: _____ Email: _____

STUDENT #4 BURSAR OFFICE CONTACT INFORMATION (please print)

College Name: _____
Mailing Address: _____
City, State, Zip code: _____
Phone number: _____ Email: _____

STUDENT #5 CONTACT INFORMATION (please print)

Name: _____
Mailing Address: _____
City, State, Zip code: _____
Phone number: _____ Email: _____

STUDENT #5 BURSAR OFFICE CONTACT INFORMATION (please print)

College Name: _____
Mailing Address: _____
City, State, Zip code: _____
Phone number: _____ Email: _____

STUDENT #6 CONTACT INFORMATION (please print)

Name: _____
Mailing Address: _____
City, State, Zip code: _____
Phone number: _____ Email: _____

STUDENT #6 BURSAR OFFICE CONTACT INFORMATION (please print)

College Name: _____
Mailing Address: _____
City, State, Zip code: _____
Phone number: _____ Email: _____

STUDENT #7 CONTACT INFORMATION (please print)

Name: _____
Mailing Address: _____
City, State, Zip code: _____
Phone number: _____ Email: _____

STUDENT #7 BURSAR OFFICE CONTACT INFORMATION (please print)

College Name: _____
Mailing Address: _____
City, State, Zip code: _____
Phone number: _____ Email: _____

STUDENT #8 CONTACT INFORMATION (please print)

Name: _____
Mailing Address: _____
City, State, Zip code: _____
Phone number: _____ Email: _____

STUDENT #8 BURSAR OFFICE CONTACT INFORMATION (please print)

College Name: _____
Mailing Address: _____
City, State, Zip code: _____
Phone number: _____ Email: _____

STUDENT #9 CONTACT INFORMATION (please print)

Name: _____
Mailing Address: _____
City, State, Zip code: _____
Phone number: _____ Email: _____

STUDENT #9 BURSAR OFFICE CONTACT INFORMATION (please print)

College Name: _____
Mailing Address: _____
City, State, Zip code: _____
Phone number: _____ Email: _____

STUDENT #10 CONTACT INFORMATION (please print)

Name: _____
Mailing Address: _____
City, State, Zip code: _____
Phone number: _____ Email: _____

STUDENT #10 BURSAR OFFICE CONTACT INFORMATION (please print)

College Name: _____
Mailing Address: _____
City, State, Zip code: _____
Phone number: _____ Email: _____

Please check this box if a photo release form is on file at your school.

Please FAX this form to Pam Leach at 781-461-2290 by June 18th
or mail to Pam Leach, American Red Cross, 180 Rustcraft Rd., #115, Dedham, MA 02026
Questions? Call Pam Leach at 781-461-2099 or email leachpa@usa.redcross.org

