



Randall Bledsoe Memorial Scholarship for Certification Application

Applicant Name _____

FHFMA or CHFP Recommendation:

I attest that I know the above named applicant to be employed in the position described. I know the applicant to be of good character, and believe they are deserving of the Randall Bledsoe Memorial Scholarship for Certification.

Name _____ **Position** _____

Signature _____ **Date** _____