Haxtun Scholarship Worksheet

Scholarship Name: COLORADO GARDEN FOUNDATION

Amount: FULL RIDE Number/Year 1 Renewable? YES (if Yes, number of years) 4

Requirements for Renewal: 2.5 GPA, 12 CREDITS PER SEMESTER

Recipient details:

Graduating HHS Senior YES HHS Post-Graduate (in/not in college) _____

Specific Field of Study? AGRICULTURE OR RELATED (SEE APP)

School Location? COLORADO School Type? ANY

Haxtun Uniform Scholarship Application? _____ Own Application? YES (Attach a copy)

Additional Requirements not specified on application: APP MUST BE IN OFFICE BY MARCH 15

Donor: COLORADO GARDEN FOUNDATION

Address: 959 S. KIPLING PWY, SUITE 100
LAKEWOOD, CO 80226

E-Mail: COLORADOGARDENFOUNDATION.ORG Phone: 303 932 8100

Alternate Contact? JIM FRICKE, EXECUTIVE DIRECTOR

Selection

HHS Committee? _____ Other? DONOR

Additional Selection instructions: _____

Payment

Disbursment: COLORADO GARDEN FOUNDATION

Account for Funds located? LAKEWOOD

Additional instructions: _____
