Haxtun Scholarship Worksheet

Scholarship Name: DON FIX MEMORIAL

Amount: 2000 Number/Year ? Renewable? YES (if Yes, number of years) 4

Requirements for Renewal: CONTACT SCHOLARSHIP ADMINSTRATOR

Recipient details:

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

Specific Field of Study? NONE

School Location? ANY School Type? ANY

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

Additional Requirements not specified on application: DUE BY MARCH 15

EMAIL FOR APP

Donor: DON FIX MEMORIAL SCHOLARSHIP

Address: 24643 CO RD 29 HOLYOKE, CO 80734

E-Mail: donfixmemorialscholarship@yahoo.com (GMAIL.COM) Phone: 970 854 3494

Alternate Contact? CAROL HAYNES AT EMAIL ABOVE

Selection

HHS Committee? _____ Other? DONOR

Additional Selection instructions: _____

Payment

Disbursment: EACH SEMESTER

Account for Funds located? DON FIX MEMORIAL SCHOLARSHIP

Additional instructions: _____