Haxtun Scholarship Worksheet

Scholarship Name: FUTURE MENTAL HEALTH PROFESSIONALS SCHOLARSHIP

Amount: 500 to 2000 Number/Year ? Renewable? ? (if Yes, number of years) _____

Requirements for Renewal: _____

Recipient details:

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

Specific Field of Study? BEHAVIORAL HEALTH (PSYCHOLOGY, SOCIOLOGY, COUNSELING)

School Location? ANY School Type? 4YR

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

Additional Requirements not specified on application: APPS DUE BY MARCH 15

_____

Donor: CENTENNIAL MENTAL HEALTH CENTER

Address: 211 MAIN ST, STERLING, CO 80751

WWW.CENTENNIALMHC.ORG FOR APPLICATION

E-Mail: KASSIDYC@CENTENNIALMHC.ORG Phone: 970 522-4549 x279

Alternate Contact? KASSIDY CCOUSE

_____

Selection

HHS Committee? _____ Other? DONOR

Additional Selection instructions: _____

Payment

Disbursment: PRORATED BASED ON ACTUAL ENROLLMENT

Account for Funds located? CENTENNIAL MENTAL HEALTH

Additional instructions: _____

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