

Haxtun Scholarship Worksheet

Scholarship Name: GARRY HAYNOS MEMORIAL

☐ Amount: 500 Number/Year 1 Renewable? NO (if Yes, number of years) _____

Requirements for Renewal: MAY RE APPLY

Recipient details:

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

Specific Field of Study? AGRICULTURE OR EDUCATION

School Location? ANY School Type? ANY

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

Additional Requirements not specified on application: DUE DATE 2 MARCH 20

~~MARCH 18, 2019~~
MARCH 16 2020

Donor: HAXTUN CONSERVATION DISTRICT

☐ Address: _____

E-Mail: _____ Phone: _____

Alternate Contact? _____

Selection

HHS Committee? _____ Other? DONOR

Additional Selection instructions: _____

Payment

Disbursement: ANNUAL

☐ Account for Funds located? HAXTUN CONSERVATION DIST

Additional instructions: _____