Haxtun Scholarship Worksheet

Scholarship Name: HAXTUN BOOSTER CLUB

Amount: $500 Number/Year 2 Renewable? NO (if Yes, number of years) _____

Requirements for Renewal: _____

Recipient details:

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

Specific Field of Study? ANY

School Location? ANY School Type? ANY

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

Additional Requirements not specified on application: JUST UNIFORM APP

Donor: HAXTUN BOOSTER CLUB

Address: _____

E-Mail: _____ Phone: _____

Alternate Contact? CURRENT CLUB PRESIDENT

Selection

HHS Committee? _____ Other? BOOSTER CLUB SCHOLARSHIP COMM

Additional Selection instructions: _____

Payment

Disbursment: START OF FIRST SEMESTER

Account for Funds located? HAXTUN BOOSTER CLUB

Additional instructions: _____