Haxtun Scholarship Worksheet

Scholarship Name: Jan Bjorklun Memorial Scholarship

Amount: 2 @ $500 - ½ 1st semester, ½ 2nd Number/Year 2017 Renewable? No (if Yes, number of years) direct to college

Requirements for Renewal:

Recipient details:

Graduating HHS Senior 1 HHS Post-Graduate (in/not in college) 1

Specific Field of Study: NONE

School Location? NONE School Type? NONE

Haxtun Uniform Scholarship Application? Yes Own Application? (Attach a copy)

Additional Requirements not specified on application:

Donor: Angie Bjorklun and family

Address: 330 W. Chase

Haxtun

E-Mail: X Phone: 6350

AlternateContact?

Selection

HHS Committee? X Nall Committee Other?

Additional Selection instructions:

Payment

Disbursment: 1 ✓ 1st semester, 1 ✓ 2nd

Account for Funds located? School

Additional instructions: