Haxtun Scholarship Worksheet

Scholarship Name: JULIE ROWE SALVADOR MEMORIAL

Amount: $1000 Number/Year 1 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? MEDICAL

School Location? ANY School Type? ANY

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

Additional Requirements not specified on application: STUDENT MUST PROVIDE LETTER OF ACCEPTANCE INTO NURSING/MEDICAL PROGRAM

Donor: JULIE ROWE SALVADOR MEMORIAL / ROD SALVADOR

Address: 502 W. GRANT, HAXTUN CO 80731

E-Mail: _____ Phone: 970 774 7486 970 520 6888 ROD

Alternate Contact? _____

Selection

HHS Committee? _____ Other? DONOR

Additional Selection instructions: _____

Payment

Disbursment: $500 PER SEMESTER

Account for Funds located? SALVADOR MEMORIAL

Additional instructions: _____