

Haxtun Scholarship Worksheet

Scholarship Name: KIT FARAGHER FOUNDATION
Amount: 10000 Number/Year 2 Renewable? 5000/YEAR / 2 YEARS (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: NONE
School Location? ANY School Type? ANY
Haxtun Uniform Scholarship Application? _____ Own Application? ONLINE (Attach a copy)
Additional Requirements not specified on application: @ KIT FARAGHER FOUNDATION.ORG
DUE APRIL 20
APRIL 17TH

Donor: FOUNDATION
Address: 1525 JOSEPHINE ST
DENVER, CO 80206
E-Mail: KIT FARAGHER FOUNDATION.ORG Phone: _____
Alternate Contact? _____

Selection

HHS Committee? _____ Other? _____
Additional Selection instructions: _____

Payment

Disbursement: 5000 PER YEAR FOR 2 YEARS
Account for Funds located? DONOR
Additional instructions: _____