

Haxtun Scholarship Worksheet

Scholarship Name: SEABOARD FOODS - CHILDREN OF EMPLOYEES

Amount: 1000 Number/Year ? Renewable? ? (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: DOE JANUARY 31

SEABOARD FOODS . COM

Donor: SEABORD FOODS INC

Address: _____

E-Mail: _____ Phone: _____

Alternate Contact? _____

Selection

HHS Committee? _____ Other? DONOR

Additional Selection instructions: ONLY ONLINE APPLICATIONS

Payment

Disbursement: ANNUAL

Account for Funds located? SEABOARD FARMS

Additional instructions: _____