Haxtun Scholarship Worksheet

Scholarship Name: STERLING REGIONAL MED CENTER VOLUNTEERS

Amount: $1000 Number/Year 6 Renewable? NO (if Yes, number of years) _____

Requirements for Renewal: _____

Recipient details:

Graduating HHS Senior YES HHS Post-Graduate (in/not in college) YES IF NOT ROGIVEN BEFORE

Specific Field of Study? MEDICINE

School Location? ANY School Type? ANY

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

Additional Requirements not specified on application: APPLICATION DUE APRIL 1ST

LETTER OF APPLICATION (SEE ATTACHMENT), LETTERS OF RECOMMENDATION, ETC

Donor: STERLING REGIONAL MED CENTER VOLUNTEERS

Address: 19532 BARNES CIRCLE, STERLING, CO 80751

E-Mail: _____ Phone: 522-1068

Alternate Contact? FLORENCE ANNAN

Selection

HHS Committee? _____ Other? DONOR

Additional Selection instructions: _____

Payment

Disbursment: ANNUAL

Account for Funds located? STERLING REGIONAL MED CENTER

Additional instructions: _____