

Haxtun Scholarship Worksheet

Scholarship Name: WALT + ESTHER AHNSTEDT MEMORIAL

Amount: \$500 Number/Year 2 Renewable? YES (if Yes, number of years) _____

Requirements for Renewal: RE APPLY ANNUALLY

Recipient details:

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

Specific Field of Study? NURSING, MEDICINE, HEALTH CARE

School Location? ANY School Type? ANY

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

* Additional Requirements not specified on application: SHORT PARAGRAPH ON WHY APPLICANT CHOSE HEALTH CARE PROGRAM.

Donor: WALT + ESTHER AHNSTEDT MEMORIAL

Address: SENGWICK COUNTY HOSPITAL, 900 CEDAR, JULDSBURG, CO 80737

E-Mail: _____ Phone: 970474 3323

Alternate Contact? DAVE GARNAS, SEDGCO HOSP.

Selection

HHS Committee? _____ Other? DONOR (DAVE GARNAS)

Additional Selection instructions: _____

Payment

Disbursement: ANNUAL

Account for Funds located? WALT + ESTHER AHNSTEDT MEMORIAL

Additional instructions: _____

WALT & ESTHER AHNSTEDT MEMORIAL SCHOLARSHIPS

Established: 1996
Amount: 2 @ \$500
Contact Person: Gordon Smith
Points West Community Bank
128 S. Colorado
Haxtun, CO 80731
774.6141

Dave Garnas
Sedgwick County Hospital
900 Cedar
Julesburg, CO 80737
970.474.3323

Jim Carlson
20065 CR 28
Julesburg, CO 80737

Recipient determined by: Smith and Garnas

SCHOLARSHIP REQUIREMENTS

- * Use Haxtun Uniform Scholarship Application
- * Career area: Nursing OR Medicine, Health Care
 - ** Must be in good standing in 2nd year of program to apply
- * Two scholarships (one for Esther; one for Walt) in the amount of \$500 each (disbursed 6 weeks after start of semester)
- * Short paragraph on why applicant chose nursing or medical/health care career
- * For use at any accredited post-secondary nursing or medical/health care program

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2012 Chelsey Saltyards