

Haxtun Scholarship Worksheet

Scholarship Name: WELVEN FAMILY MEMORIAL

Amount: \$500 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: _____

Donor: WELVEN FAMILY MEMORIAL

Address: 2402 N. LAKE CT., IRVING, TX 75038

E-Mail: TwilaW2001@hotmail.com Phone: 972 841 1375

Alternate Contact? Twila WESTERMAN

Selection

HHS Committee? YES Other? _____

Additional Selection instructions: _____

Payment

Disbursement: ANNUAL

Account for Funds located? WELVEN FAMILY MEMORIAL

Additional instructions: _____




WELVEM FAMILY MEMORIAL SCHOLARSHIP

Established: 2009
Amount: 1 @ \$500
Contact Person: Twila Westerman
2402 N. Lake Ct.
Irving, TX 75038
972.841.1375
Twilaw2001@hotmail.com

Recipient determined by: School Scholarship Committee

SCHOLARSHIP REQUIREMENTS

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- * Use Haxtun Uniform Scholarship Application
 - * Career area: Medical career in patient care or research
 - * One scholarship in the amount of \$500 (disbursed 6 weeks after start of semester)
 - * Haxtun graduating seniors only
 - * For use at any accredited post-secondary school
 - * GPA 2.0 or better

AWARDED TO

2009 No applicants
2010 Kelsey Nelson
2011 Kimber Hadeen
2012 *Kate Kaus*