



Application for Scholarship Acknowledgement at the
HHS Spring Scholarship Presentation
***The following information is necessary for our presentation and program
acknowledgment***

Your Name (as you would like it to be announced) _____

School/College Name you will attend in the Fall: _____

Major/Area of Student-List your college major: _____

Please list all scholarships you are receiving, including those you received from the college/university you plan to attend **AND** those you received from other community or private organizations that you applied for outside of HHS

<i>Specific name of Scholarship</i>	<i>Monetary value (please indicate if the award is renewable and for how many years)</i>	<i>Name of the organization/institution issuing the scholarship</i>	<i>What is the criteria for this award (i.e. 2.0, and volunteer experience)</i>

Please return completed form to Mrs. Price, Senior Scholarship Coordinator, in the HHS Counseling office by April 11, 2025