



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

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

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

***Please return completed form to Mrs. Price, Senior Scholarship Coordinator, in the HHS Counseling office by April 12, 2024***

