

Application for Scholarship Acknowledgement at the **HHS Spring Awards Ceremony**

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 n | najor: | |
|---|---|--|--|
| Please list all scholarships you are receiving, including those you received from the college/university you plan to attend <i>AND</i> those you received from other community or private organizations that you applied for outside of HHS | | | |
| Specific name of Scholarship | Monetary value (please indicate if the award is renewable and for how many years) | Name of the organization/institution issuing the scholarship | What is the criteria for this award (i.e. 2.0, and volunteer experience) |
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Please return completed form to Mrs. Price, Senior Scholarship Coordinator, in the HHS Counseling office by April 11, 2023