

BAXTER HEALTH

Scholarship Renewal Form

Scholarship recipients are required to complete and submit this form **every semester** according to the deadlines listed below. If you do not plan to attend classes, you must send notification. Please attach a copy of your most current transcripts to this form or a reason why they are not attached.

Payments will not be processed without this required documentation.

If you have any questions, please contact the Scholarship Coordinator at 870-508-1785 or via email scholarships@baxterregional.org.

The following information is required:

First Name	Last Name
Current Mailing Address	
City	State
Zip code	County
Phone	
Email Address	
Education Information	
University	
Student ID	Major
Class Start Date	Graduation Date

☐ Current Transcript Attached

Deadlines

- December 1st - Spring Semester
- July 1st - Fall Semester