

# 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](mailto:scholarships@baxterregional.org).

The following information is required:

First Name	Last Name
Current Mailing Address	
City	State
Zip code	County
Phone	
Email Address	
University	
Major	Class Start Date
Credit Hours per Semester	Graduation Date

☐ Current Transcript Attached

### Deadlines

- December 20th - Spring Semester
- May 1st - Summer Semester
- July 20th - Fall Semester