

# AMERICAN QUARTER HORSE FOUNDATION 2007 SCHOLARSHIP APPLICATION FORM

## APPLICATION INSTRUCTIONS

**Deadline for applications is January 2, 2007.** The Foundation Scholarship Office must receive applications no later than 5:00 p.m. CST on Tuesday, January 2, 2007. Applications must be sent to the American Quarter Horse Foundation, Scholarship Coordinator, 2601 East Interstate 40, Amarillo, TX 79104. Eligibility will be based on individual criteria and requirements provided for each scholarship type. A complete list of criteria and support materials is located in the scholarship guidelines. Questions or inquiries may be directed to the Scholarship Coordinator at (806) 378-5034 or [lowens@aqha.org](mailto:lowens@aqha.org).

Please type or print legibly in blue or black ink.

Complete the application in the spaces provided.

Do not attach resumes, additional attachments will not be accepted for review.

Do not staple application materials, use paper or binder clips to secure items.

Do not place applications in binders, folders or protective sheet covers.

## INCOMPLETE OR LATE APPLICATIONS WILL NOT BE ACCEPTED

Please indicate which scholarships you are applying:

- Youth Scholarship
- Racing Scholarship
- Excellence in Equine/Agriculture Scholarship
- Farm & Ranch Heritage Scholarship
- Telephony Equine Veterinary Scholarship
- Education or Nursing Scholarship
- Journalism or Communications Scholarship
- Guy Stoops Professional Horsemen's Family Scholarship
- Swayze Woodruff Memorial Mid-South Scholarship
- Jay Pumphrey Animal Sciences Scholarship
- Oklahoma Quarter Horse Youth Scholarship
- Indiana Quarter Horse Youth Scholarship
- Joan Cain Florida Quarter Horse Youth Scholarship
- Arizona Quarter Horse Racing Scholarship
- Christopher Junker Memorial Nebraska Scholarship
- Ray Melton Memorial Virginia QHY Scholarship
- Arizona Quarter Horse Youth Scholarship

## CERTIFICATION BY APPLICANT AND AUTHORIZATION

I hereby certify the statements recorded in this application are true and accurate. I meet the individual scholarship(s) requirements set forth by the American Quarter Horse Foundation. I understand if any statement presented in this application is untrue, I may be disqualified. If selected as a recipient, I understand I may be listed as an American Quarter Horse Foundation scholarship recipient in *The American Quarter Horse Journal*, *The American Quarter Horse Racing Journal* and/or *America's Horse* magazine.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(If applicant is 18 years of age or younger)

## PERSONAL INFORMATION

AQHA/AQHVA ID#: \_\_\_\_\_ DATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

FULL NAME OF APPLICANT: \_\_\_\_\_

PREFERRED NAME: \_\_\_\_\_ ( ) MALE ( ) FEMALE

HOME ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ DOB: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## FAMILY INFORMATION

### FATHER/GUARDIAN

NAME: \_\_\_\_\_ ( ) LIVING

OCCUPATION: \_\_\_\_\_ ( ) DECEASED

PLACE OF EMPLOYMENT: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ AGE: \_\_\_\_\_

### MOTHER/GUARDIAN

NAME: \_\_\_\_\_ ( ) LIVING

OCCUPATION: \_\_\_\_\_ ( ) DECEASED

PLACE OF EMPLOYMENT: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ AGE: \_\_\_\_\_

### SPOUSE (If applicable)

NAME: \_\_\_\_\_ ( ) LIVING

OCCUPATION: \_\_\_\_\_ ( ) DECEASED

PLACE OF EMPLOYMENT: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ AGE: \_\_\_\_\_

## REFERENCES

Members must include a maximum of three recent reference letters. Letters must be typewritten and include personal knowledge of the applicant's activities and how the letter writer knows the applicant. **See scholarship guidelines for more information.**

NAME: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

**FINANCIAL INFORMATION**

Financial information must be accompanied by a recent federal income tax return. All applicant information is considered confidential and will not be shared with individuals outside the selecting committee. **See scholarship guidelines for more information.**

**Please check the applicable blank:**

- I live independent of parental support
- I live at home with both parents
- I live in a single parent household with my \_\_\_\_\_
- Other \_\_\_\_\_

NUMBER OF SIBLINGS: \_\_\_\_\_ AGES: \_\_\_\_\_

NUMBER OF SIBLINGS IN COLLEGE NOW: \_\_\_\_\_

**HOUSEHOLD INCOME**

Please indicate which amount best describes your family's *annual gross income* reflected in U.S. dollars:

- Less than \$25,000                       \$75,001 to \$100,000                       \$150,001 to \$175,000
- \$25,001 to \$50,000                       \$100,001 to \$125,000                       \$175,001 to \$200,000
- \$50,001 to \$75,000                       \$125,001 to \$150,000                       \$200,001 or more

Please indicate which amount best describes your family's *income after taxes* and reflected in U.S. dollars:

- Less than \$25,000                       \$75,001 to \$100,000                       \$150,001 to \$175,000
- \$25,001 to \$50,000                       \$100,001 to \$125,000                       \$175,001 to \$200,000
- \$50,001 to \$75,000                       \$125,001 to \$150,000                       \$200,001 or more

Additional income received annually other than listed above: \_\_\_\_\_

**ACADEMIC EXPENSES**

Name of college/university you plan to attend: \_\_\_\_\_

Estimated cost per semester:

Tuition	Academic Fees	Housing	Books	Total

Savings and cash available to begin college: \_\_\_\_\_

List any miscellaneous expenses you anticipate: \_\_\_\_\_

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**ACADEMIC INFORMATION**

Applicants must provide transcript. **See scholarship guidelines for more information.**

I am currently attending: ( ) High School ( ) College ( ) Veterinary School ( ) Other

Name of school: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_ Average/GPA: \_\_\_\_\_

*A scholastic average must be expressed either as a numerical percentage, such as 97%, or as a ratio including the scale on which it is based, such as 3.88/4.0 scale.*

**HIGH SCHOOL**

SAT Score: \_\_\_\_\_ ACT Score: \_\_\_\_\_ Date of Exam(s): \_\_\_\_\_

List name(s) of institution(s) to which you have applied for admission:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you completed any college courses: ( ) Yes ( ) No

**COLLEGE**

Classification: ( ) Freshman ( ) Junior ( ) Other: \_\_\_\_\_  
( ) Sophomore ( ) Senior

Major and Minor Field(s) of Study: \_\_\_\_\_

Degree(s) or Certification(s) Anticipated: \_\_\_\_\_

**VETERINARY SCHOOL**

Field(s) of Emphasis: \_\_\_\_\_

Please indicate why a veterinary practice specializing in equine medicine or surgery is important to you.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER**

Field(s) of Study: \_\_\_\_\_

Degree(s) or Certification(s) Anticipated: \_\_\_\_\_

## ACTIVITIES/HONORS/AWARDS

### AQHA/AQHYA

Please indicate any programs in which you have participated:

AQHYA contests, check all that apply:

- Art    Horse Bowl    Judging    Photo    Talent    Scrapbook    Speech
- Junior Master Horseman   Level achieved: \_\_\_\_\_   Years enrolled: \_\_\_\_\_
- STAR Program   Level achieved: \_\_\_\_\_   Years enrolled: \_\_\_\_\_
- Horseback Riding Program   Hours completed: \_\_\_\_\_   Years enrolled: \_\_\_\_\_
- Youth Excellence Seminar   Year(s) attended: \_\_\_\_\_
- Convention Delegate   Year(s): \_\_\_\_\_
- Youth Racing Experience    Regional    Championship

In the space below, list any awards received or offices held through your involvement with AQHYA or AQHA. **Do not attach resumes – use the space provided.**

Offices Held: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Awards/Recognition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### STATE/PROVINCIAL AFFILIATE ACTIVITIES

List other AQHA state or provincial affiliates you have been or are a member of:

Name: \_\_\_\_\_   Length of Membership: \_\_\_\_\_  
Name: \_\_\_\_\_   Length of Membership: \_\_\_\_\_

In the space below, list any awards received or offices held through your affiliate involvement. **Do not attach resumes – use the space provided.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

