

# AMERICAN QUARTER HORSE FOUNDATION 2018 SCHOLARSHIP APPLICATION FORM

## APPLICATION INSTRUCTIONS

**Deadline for applications is December 1, 2017.** Applications may be postmarked. All application materials must be sent to the American Quarter Horse Foundation, Scholarship Program, 2601 East Interstate 40, Amarillo, TX 79104. A complete list of required support materials is located in the scholarship guidelines. Questions or inquiries may be directed to the Foundation's Programs Office at (806) 378-5040 or [lowens@aqha.org](mailto:lowens@aqha.org).

- Type or print legibly in blue or black ink;
- Complete application in the spaces provided;
- Do not attach resumes, or answer questions on a separate document;
- Additional documents will not be accepted for review;
- Do not staple application materials;
- Use paper or binder clips to secure application items;
- Do not place applications in binders, folders or protective sheet covers.

**INCOMPLETE OR LATE APPLICATIONS WILL NOT BE ELIGIBLE FOR REVIEW**

## APPLICANT INFORMATION

AQHA/AQHHA ID#:

MALE

FEMALE

FULL NAME OF APPLICANT:

PREFERRED NAME:

HOME ADDRESS:

CITY, STATE, ZIP:

HOME PHONE:

DOB:

EMAIL ADDRESS:

## 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. Once submitted, all application materials become the property of AQHF and may be used in marketing efforts to promote the scholarship program.

If selected as a recipient, I understand I must abide by all program guidelines. Upon completion of scholarship funding, I also understand I will be required to complete an exit survey and or interview with AQHA/AQHF staff.

Applicant Signature:

Date:

## FAMILY INFORMATION

### MOTHER/GUARDIAN

 LIVING DECEASED

NAME:

AQHA ID#:

OCCUPATION:

### FATHER/GUARDIAN

 LIVING DECEASED

NAME:

AQHA ID#:

OCCUPATION:

### APPLICANT'S SPOUSE

 LIVING DECEASED

NAME: (If applicable)

AQHA ID#:

OCCUPATION:

## FINANCIAL INFORMATION

All applicants are required to complete the financial section of this application. The following questions represent information requested from the Free Application for Federal Student Aid (FAFSA) and Student Financial Assistance Estimator (SFAE). Your financial information is considered confidential and is not shared with individuals outside the selecting committee.

[See scholarship guidelines for more information.](#)

Are either of your parents currently unemployed due to a recent job loss or layoffs?

 Yes No

Number of Siblings:

Ages:

Number of Siblings in College Now:

## HOUSEHOLD INCOME

Please indicate which amount best describes family's total income after taxes:

 less than \$25,000 \$100,001 - \$125,000 \$200,001 - \$225,000 \$25,001 - \$50,000 \$125,001 - \$150,000 \$225,001 - \$250,000 \$50,001 - \$75,000 \$150,001 - \$175,000 \$250,001 - \$275,000 \$75,001 - \$100,000 \$175,001 - \$200,000 \$275,001 or more

## ACADEMIC EXPENSES

Tuition &amp; Fees:

Savings and cash available for college in 2018:

Campus Housing:

Other, specify:

Current amount of academic debt: (If applicable)

Total Expenses:

## ACADEMIC INFORMATION

Applicants should complete the following academic information based on their current educational level. There are three categories, high school, college and or veterinary school applicant. Scholastic average(s) reported must be expressed either as a numerical percentage, such as 97/100%, and or as a ratio including the scale on which it is based, such as 3.88/4.0 scale, etc.

In addition to completing this information, applicants must provide an official transcript.  
[See scholarship guidelines for more information.](#)

### HIGH SCHOOL APPLICANTS

Name of High School:

City and State:

Average/GPA:  Anticipated Graduation Date:

SAT Score:  ACT Score:  Exam Date(s):

College institution(s) to which you have applied for admission:

Name:

Name:

Name:

Proposed College Major:

Proposed College Minor:

Desired Occupation:

### COLLEGE APPLICANTS

Classification:  Other:

Name of School:

Major Field(s) of Study:

Minor Field(s) of Study:

Average/GPA:  Anticipated Graduation Date:

Degree or Certification Anticipated:

## VETERINARY SCHOOL APPLICANTS

Name of Vet School:

Field(s) of Emphasis or Interest (Example: Equine Medicine or Surgery, Nutrition, Reproduction, etc.)

What are your plans after graduation?

Level or Classification:

Average/GPA:

Anticipated Graduation Date:

## PERSONAL GOALS & OBJECTIVES

The objective of the following short answer questions are to give the selection committee a clear understanding of your activity and career choice(s), individual goals, personal strengths, love for the American Quarter Horse and communication skills.

What are your long- and short-term goals? Write a clear statement indicating how your plan of study relates or will relate to those objectives:

Include information related to your work experiences or other training which you feel will benefit your personal goals and objectives:

Include information related to your high school and or college experiences, special interests, and current or recent extracurricular activities (including community service) which you feel will benefit your personal goals and objectives:

Describe how you have demonstrated leadership ability both in and out of school:

Which high school, church or civic activity has given you the most satisfaction and why?

# AMERICAN QUARTER HORSE BACKGROUND

Please select your area(s) of participation:

- |  |   |
|--|---|
| <input type="checkbox"/> Racing                          | <input type="checkbox"/> Compete in Youth Events (4-H, FFA, etc.) |
| <input type="checkbox"/> Showing                         | <input type="checkbox"/> Compete in Local Shows (Play days, etc.) |
| <input type="checkbox"/> Ranch Work                      | <input type="checkbox"/> Compete in AQHYA or AQHA Shows           |
| <input type="checkbox"/> Recreational Riding             | <input type="checkbox"/> Compete in Judging Events                |
| <input type="checkbox"/> Rodeo Competition (NHSRA, etc.) | <input type="checkbox"/> Compete through NCHA, NRHA, etc.         |
| <input type="checkbox"/> Farm/Ranch Management           | <input type="checkbox"/> Trainer or Exhibitor                     |

Write a clear statement concerning your active participation with Quarter Horses. Indicate the activities you have participated in, you have organized or offices held (local, regional and or national):

Describe your future in the Quarter Horse industry and how you can help keep our horse the most successful equine breed in the world:

Please indicate any AQHA or AQHYA programs in which you have participated:

Program: <input style="width: 95%;" type="text"/>	Years Enrolled: <input style="width: 95%;" type="text"/>
Program: <input style="width: 95%;" type="text"/>	Years Enrolled: <input style="width: 95%;" type="text"/>
Program: <input style="width: 95%;" type="text"/>	Years Enrolled: <input style="width: 95%;" type="text"/>

Please indicate any AQHA or AQHYA contests in which you have participated:

- |                                      |  |  |   |
|--------------------------------------|--|--|---|
| <input type="checkbox"/> Art Contest | <input type="checkbox"/> Judging Contest | <input type="checkbox"/> Talent Contest    | <input type="checkbox"/> Speech Contest |
| <input type="checkbox"/> Horse Bowl  | <input type="checkbox"/> Photo Contest   | <input type="checkbox"/> Scrapbook Contest |   |

List any awards or honors received through your activities or involvement with Quarter Horses (local, regional and or national):

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**CURRENT AQHA AFFILIATE & PARTNER ORGANIZATION MEMBERSHIPS**

Example: Empire State QHA (4 years), NCHA (2 years), etc.

Other Memberships:

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How has your family background affected the way you see the world?

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What is the greatest obstacle you feel the American Quarter Horse industry faces today and how can it be fixed?

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# SCHOLARSHIP APPLICANT APPRAISAL FORM

To the Appraiser: You have been asked to provide information in support of a scholarship application. Please give immediate and serious attention to the following statements. When completed, please return to the applicant in a sealed envelope. **This completed appraisal form may serve as a letter of recommendation.**

Applicant's Name:

The applicant's ability to set realistic and attainable goals is:

- excellent                       good                       fair                       poor

The quality of the applicant's commitment to his/her projects or activities is:

- excellent                       good                       fair                       poor

The applicant's respect for self and others is:

- excellent                       good                       fair                       poor

The applicant is able to seek, find and use learning resources:

- extremely well                       very well                       moderately well                       not well

The applicant demonstrates curiosity and initiative:

- extremely well                       very well                       moderately well                       not well

The applicant demonstrates sincerity and integrity:

- extremely well                       very well                       moderately well                       not well

The applicant demonstrates leadership potential:

- extremely well                       very well                       moderately well                       not well

The applicant demonstrates good problem-solving skills, follows through and completes tasks on time:

- extremely well                       very well                       moderately well                       not well

The applicant's achievements reflect his/her abilities:

- extremely well                       very well                       moderately well                       not well

The applicant's choice of college or university is:

- extremely appropriate                       very appropriate                       moderately appropriate                       inappropriate

Additional  
Comments:

Appraiser's Name:

Title:

Organization:

Phone:

Signature:

Date: