



Scholarship Application

Personal Information

Full Legal Name:

Preferred Nickname:

Date of Birth:

Address:

Phone:

Email Address:

Membership Information

Are you a current ASHBA Member? Yes / No How long?

ASHBA Membership #

Are you a current KASPHA Member? Yes / No How long?

KASPHA Membership #

Academic Profile

I am currently in: _____ High School _____ College _____ Other

Academic Year (Freshman, Sophomore, etc...): _____

Please list all schools or institutions you have attended (beginning with high school or the equivalent):

Name of Institution	City/State	Dates Attended/Date of Completion
---------------------	------------	-----------------------------------

1. _____

2. _____

3. _____

4. _____

High School GPA: ____ / ____ Anticipated or Actual Graduation Date:

College GPA (if applicable):

Graduate or Post Graduate GPA (if applicable):

Standardized Test Scores (Please submit a copy of official results):

Test Name: Test Score:

Test Name: Test Score:



List any Notable Scholastic Awards:

Financial Information

Name of Parent 1/Legal Guardian 1:

Occupation:

Name of Parent 2/Legal Guardian 2:

Occupation:

Address:

Adjusted gross income (AGI) from most recent tax statement: \$ _____

Please comment on your financial need and any special or extenuating circumstances:

Please provide the appropriate information:

Estimated annual cost of education:

Tuition:

Books:

Other, please specify:

Other scholarships (please list):

Financial Support by applicant:

Savings and Cash available to begin education: \$

Current amount of academic debt (if applicable): \$

Student Loans (total value of all): \$

Financial Support (parental or other, please explain): \$

Remaining financial support needed: \$



Total number of siblings (not including applicant): _____

Siblings in:

Elementary School or younger _____ High School _____ College _____

Guardian Signature: _____	Date: _____
---------------------------	-------------

The scholarship review committee will hold all information in strictest confidence. All applications and supporting materials become the property of the American Saddlebred Horse and Breeders Association. All portions of this application must be completed for consideration. If you are over 21 years of age or married, you do not need to provide parental information unless they are contributing financially to your education.

Enrollment

Schools or Institutions you have applied to or are intending to apply. (Please submit proof of any commitment to particular institution):

Intended Field of Study:

Explain how this scholarship would benefit you in your chosen field of study and future career:

Describe your career goals:

Involvement

Please list any relevant equine experiences (ASHBA Youth Programs, ASHBA Youth Club, junior judging, KASPHA Youth Involvement Group, course work, etc.):

Please list your most significant leadership activities in equine related activities, youth clubs, school, church, or community organizations:

Please describe how any offices or leadership roles that you have held have influenced you and others in your life:

Please list the most significant awards or recognitions you have received through equine related activities, youth clubs, school, church, or community organizations:



Please list any community service hours:

Other information:

Please circle all activities that you are involved with through your school or university

Athletics	Peer Counseling	Drill Team/Cheerleading
Drama	Student Council	FFA
Academic Clubs (specify)	Choir / Band	Debate Team
SADD	Art Clubs	4-H
Journalism/School Paper	Greek Life	National Honor Society
Admissions Representative	Other:	Other:
Other:	Other:	Other:

Employment

Submit a copy of a current resume (optional).

Complete this section if you work a job outside of the home, work-study, or internship program

How many hours do you work a week?

1-5 6-10 11-15 15-20 20-30 30-40 40+

How long have you been at your current job?

What is your title? Please describe your responsibilities:

Answer Yes or No to the following questions if you do not work a job outside of the home:

I volunteer in my community:

I volunteer in an equine related organization, if so which one(s):

I work for my family business or farm:

I am actively involved in my church or school:

My parents do not permit me to work during school:



References

(Please note that it is the applicant's responsibility to ensure references are submitted by electronic form or email to scholarships@saddlebred.com by December 15).

1. _____ Email: _____
2. _____ Email: _____
3. _____ Email: _____
4. _____ Email: _____

Certification by Applicant and Authorization

The information contacted in this scholarship application is true to the best of my knowledge, and I have composed my own essay. I understand and agree that if all required components of the application are not received in the ASHBA office by the December deadline, the application will not be forwarded to the scholarship review committee for consideration.

<u>Applicant Signature:</u>	<u>Date:</u>
-----------------------------	--------------



Letter of Recommendation Form

Name of Reference:

Email:

Occupation:

Name of Applicant:

How long have you known the applicant?

In what capacity?

Please discuss this applicant, indicating the qualities you have observed that suggest they should be awarded an ASHBA scholarship:

<u>Reference Signature:</u>	<u>Date:</u>
-----------------------------	--------------