



Scholarship Application 2020-2021

Applicant's Personal Information:

Name: _____ Date of Birth: _____
Texas Quarter Horse Youth Member Number: _____
Phone: (_____) _____
E-mail: _____
Address: _____ City: _____
State: _____ Zip: _____

Family Information:

Father's Name: _____ Date of Birth: _____
TEXAS QUARTER HORSE ID #: _____
Phone: (_____) _____
E-mail: _____
Address: _____ City: _____
State: _____ Zip: _____

Mother's Name: _____ Date of Birth: _____
TEXAS QUARTER HORSE ID #: _____
Phone: (_____) _____
E-mail: _____
Address: _____ City: _____
State: _____ Zip: _____

Guardian's Name: _____ Date of Birth: _____
TEXAS QUARTER HORSE ID #: _____
Phone: (_____) _____
E-mail: _____
Address: _____ City: _____
State: _____ Zip: _____

Please identify your career goal: _____

How long will you be in school to achieve this goal? _____

Scholastic Record

Name of School

Location

Dates Attended

High School GPA adjusted to a 4-point scale high _____
(Please attach your official school transcript)

Class Rank _____ of _____

College Entrance Exam Score & Percentiles: ACT _____ SAT _____

ACT _____ SAT _____

Names of institution(s) to which you are applying in order of preference:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Horse Activities:

List all breed memberships and years of membership

_____	Year _____
_____	Year _____
_____	Year _____
_____	Year _____
_____	Year _____

Texas Quarter Horse Youth Association Activities:

_____	Year _____
_____	Year _____
_____	Year _____
_____	Year _____
_____	Year _____
_____	Year _____
_____	Year _____

Awards: Please list those which are most important to you and explain the reason. Please also attach your AQHA show record for all horses

Name of Horse: _____ **Year of Competition** _____

Awards: _____

Name of Horse: _____ **Year of Competition** _____

Awards: _____

Name of Horse: _____ **Year of Competition** _____

Awards: _____

(Attach additional page if needed)

Extracurricular Activities:

Academic Activities

Honors _____ Year _____

Awards _____ Year _____

Offices _____ Year _____

Activities _____ Year _____

Community Activities

Activities _____ Year _____

Clubs _____ Year _____

Employment _____ Year _____

(Attach additional page if needed)

I have personally prepared this application and believe it to be correct:

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____ DOB: _____

***NOTE – REVIEW CRITERIA & CHECKLIST TO BE SURE YOU HAVE ALL NECESSARY DOCUMENTATION WITH THE APPLICATION**

