

FQHRA

FLORIDA
QUARTER HORSE
RACING ASSOCIATION



YOUTH SCHOLARSHIP APPLICATION

APPLICANT INFORMATION

Name:

SSN:

Home Phone: ()

Cell Phone: ()

Current Address:

City:

State:

ZIP:

DOB:

Sex:

Email:

Marital Status: Never Married Married Divorced Separated Widow(er)

Do you have any children? Yes No

If yes, give sex & age of each:

Mother's Full Name:

Father's Full Name:

Custodial Parent(s) Address:

City:

State:

ZIP:

Are you a U.S. Citizen? Yes No

If not, what country is your citizenship?

Are you the recipient of any other scholarships or grants? Yes No

If yes, name the scholarships/grants and the amounts:

1. _____
2. _____
3. _____
4. _____

FINANCIAL INFORMATION

Are you independent and living on your own?

Yes No

Do you provide for another dependent?

Yes No

Do you live at home with both parents?

Yes No

Do you live in a single-parent household?

Yes No

Is your single parent your

Mother Father Other:

Does any other party provide support to you?

Yes No

If yes, name party and amount per year:

Party: _____ \$ per year: _____

Are you claimed as a dependent on any Federal Income Tax Return?

Yes No

Do you receive a monthly check from the U.S. Government?

Yes No



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FINANCIAL INFORMATION CONTINUED

Father's Name:

Place of Employment:

Annual Income:

Job Title:

Phone:

Mother's Name:

Place of Employment:

Annual Income:

Job Title:

Phone:

Guardian's Name:

Place of Employment:

Annual Income:

Job Title:

Phone:

If you are currently employed, please name employer:

Employer's Address:

Job Title:

Annual Income:

Supervisor's Name:

Phone:

List specific reasons why you require financial assistance to attend school:

ACADEMIC INFORMATION

Intended Career Path:

Proposed Major:

Name of High School:

Year of High School Graduation:

School Address:

City:

State:

ZIP:

High school numerical average or cumulative GPA:

Are you enrolled in honors classes: Yes No

Name of the college you plan to attend:

Phone:

Are you currently attending college: Yes No If yes, check one: Full-Time (12+hrs) No (Part-Time)

If not in college, give the date you will become a full-time college student:

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ACADEMIC INFORMATION CONTINUED

Class Rank: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior				College GPA:
College Name:				
College Address:				
City:		State:		ZIP:
Expected Date of Graduation:			Will you attend graduate school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you will attend graduate school, give planned degree and area of study:				

You may attach no more than 2 other pages to further document the following information. Please be specific. If we do not know which club or activity you are referring too, you will not receive credit for it.

ACTIVITIES, CLUBS & COMMUNITY INVOLVEMENT

Activities (other than school) List activities you have undertaken that help define you as a person: _____ _____
School Activities – School clubs & extracurricular activities: _____ _____
National, State or Local Clubs/Activities related to your college major or field of study: _____ _____
Other Activities (volunteer work, job, seminars, etc.) related to your college major or field of study: _____ _____



YOUTH SCHOLARSHIP APPLICATION

THIS APPLICATION IS TO BE ACCOMPANIED BY:

- A. Certified High School Transcript
- B. Certified College Transcript (if applicable)
- C. Write a 300-400 word, typewritten, double-spaced, single page essay summarizing your thoughts and feelings on the following:
 - What your experience with horses has meant to you.
 - Why you desire to continue your education in the equine industry.
 - What goals you would like to accomplish within the equine industry in 1 year, 3 years, 5 years and 10 years.

Applicant's name or family name is not to appear on or within the essay. Please make this essay fit on one page.
- D. (Optional) Signed copy of 2010 IRS Tax Returns for Applicant (if self supporting) or applicant's parent(s) IRS Tax Return is recommended and may be used as a tie-breaker
- E. Three (3) letters of reference, specify one (1) from a high school/college teacher/school administrator and at least one (1) from a professional member of the equine industry
- F. Current photo (head & shoulders) for publication purposes
- G. Typewritten letter of introduction

VERIFICATION BY APPLICANT

(If you did not receive separate Scholarship Instructions, notify us immediately)

I hereby certify the statements recorded in this application are true and accurate, and that I meet all the requirements set forth in the FQHRA Scholarship Instructions and Rules. I understand if any statement presented in this application is untrue, I may be disqualified. If selected as a recipient, I understand that I may be listed on or in various equine-related websites and/or publications. My signature verifies I agree with and accept the information printed above.

Print your name as you wish to have it published:

Signature of Applicant:	Date:
Signature of Parent or Guardian:	Date:

MAIL THIS APPLICATION TO:

Florida Quarter Horse Racing Association, Inc.
9085 Magnolia Hill Drive
Tallahassee, FL 32309