

West Coast Reining Horse *youth* Association Scholarship Application 2018

Application must be Postmarked no later than December 31st, 2018. Failure to have Application postmarked by the December 31st date, may cause the application to be considered null and void.

Please type or print legibly in blue or black ink

WCRHA ID: _____ Age: _____

Date of Birth: _____

Applicant's Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Fathers Name: _____

Fathers Occupation: _____

Title: _____

Fathers Place of Employment: _____

Home Phone: _____ Work Phone: _____

Email: _____

Mothers Name: _____

Mothers Occupation: _____

Title: _____

Mothers Place of Employment: _____

Home Phone: _____ Work Phone: _____

Email: _____

Guardians Name: _____

Guardians Occupation: _____

Title: _____

Guardians Place of Employment: _____

Home Phone: _____ Work Phone: _____

Email: _____

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ACADEMIC INFORMATION

Intended Career: _____

Proposed Major: _____

If you receive this scholarship, what is its intended use:

____ 2 year institution ____ 4 year institution ____ Trade School ____ Technical School

____ Other:

Are you currently attending high school? __N__Y Are

you enrolled in honors classes? __N__Y Cumulative GPA

Are you currently enrolled in college? _N_Y ____

College GPA

List the name of educational institutions you have attended?

Elementary: _____

Intermediate: _____

High School: _____

College: _____

SCHOOL RELATED ACTIVITIES

Clubs or activities in which you have participated:

Offices held or awards earned:

OTHER ACTIVITIES

List any activities including government, community service, etc.:

REFERENCES

Please submit the name and phone number of the references you requested a "Letter of Reference" from:

Name: _____

Phone: _____

ESSAY TOPIC:

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What affect has your involvement in the WCRHyA had in your life and what lessons have you learned from it?

WCRHA and/or NRHyA ACTIVITIES

List the *current* memberships you have with NRHA Affiliates:

Affiliate: _____

Dates: _____

Affiliate: _____

Dates: _____

EQUINE/AGRICULTURE RELATED ACTIVITIES

Clubs or activities in which you have participated:

Offices held or awards earned:

VERIFICATION

I hereby certify that the statements recorded on this application are accurate and true, I meet all the requirements listed on this application by the West Coast Reining Horse Association. I understand that if any statements made on this application are found to be untrue, I may be disqualified from receiving a scholarship. If I do receive a WCRHA scholarship, I understand my name and photograph may be listed in the WCRHA Newsletter, *NRHA Reiner* magazine and on the WCRHA and NRHA Web site.

Please print your name as you would like it to appear in print:

Signature: _____

Date: _____

Parent or guardian name (If under the age of 18): _____

Signature: _____

Date: _____

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RETURN FORM TO:

Application must be Postmarked no later than December 31st, 2018.

WCRHA
C/O Tereasa Canada
Scholarship
Application
277 Scenic Ave
Santa Rosa, CA 95407

For any questions please call Tereasa Canada 707-318-5933 or email gssinfo@sbcglobal.net

REQUEST FOR LETTER OF REFERENCE

To Whom It May Concern:

The West Coast reining horse Association (WCRHA) is offering one academic Scholarship. This letter is a request from:

(Name) _____ (Phone #) _____

for a letter of recommendation.

In this letter, we ask that you include the following information:

- What is your relationship to the applicant?
- How many years have you known the applicant?
- Attributes that would qualify this applicant for a scholarship?

Please send your letter to:

Teresa Canada (WCRHA)

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WCRHA
C/O Tereasa Canada
Scholarship
Application
277 Scenic Ave
Santa Rosa, CA 95407

For any questions please call Tereasa Canada 707-318-5933 or email gssinfo@sbcglobal.net