

West Coast Reining Horse Youth Association SCHOLARSHIP APPLICATION

2022

You must either type or print all your answers neatly in black or blue ink. Each completed application must also be accompanied by **ONE** letter of recommendation that discusses the applicant's qualifications for the scholarship and involvement in the WCRHA/WCHRyA

Completed applications may be sent via email to **kelsey_njus@att.net** or mailed to **WCRHyA Scholarship; 1109 Grove Circle, Benicia, CA 94510.**

Scholarship application must be postmarked by 1/1/2022 to be considered.

1. Applicant Information:

Name _____, _____ M.I.
Last First

Permanent mailing address _____

Email _____ Phone _____

Birth date _____
Month Day Year

2. High School or GED Information:

High School Name or GED County City State

High school students only: _____
High School GPA

3. Continuing Education Information:

Intended educational institution for Fall 2022: _____
Institution Name

_____, _____
City State

Intended Major or Field of Study _____

4. School Involvement:

School Clubs or Activities in which you have participated: _____

Offices Held or Awards Received: _____

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5. WCRHyA Involvement:

- a. List the current memberships you have with NRHA Affiliates

Affiliate 1: Years active: Offices Held:

Affiliate 2: Years active: Offices Held:

Affiliate 3: Years active: Offices Held:

- b. Essay Question:

Please discuss your involvement with WCRHyA and what effect it has had on your life and what lessons you have learned from it. You may use the space provided here or attach a separate page, if preferred.

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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 Youth 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 WCRHyA scholarship, I understand my name and photograph may be listed in the WCRHA Newsletter, on the WCRHA website, and for other purposes promoting the WCRHA/WCRHyA and their programs.

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: _____