West Coast Reining Horse Youth Association SCHOLARSHIP APPLICATION

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 1/1/2023 to be considered.

1.	Applicant Information:							
	Last	,	——Fi	rst			M.I.	
	Permanent mailing address							
	City	State		Zip		E-mail		
	Phone			Birth date				
2.	High School or GED Inform	nation:			Month	Day	Year	
	High School Name o	r GED County	City	State		-		
H	igh school students only:	gh School GPA						
3.	Continuing Education Inform	nation:						
	Intended educational institution for Fall 2023: Institution Name							
	City	State						
	Intended Major or Field of S	tudy						
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:					