

West Coast Reining Horse Youth Association SCHOLARSHIP APPLICATION

2025

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 kcholcomb15@gmail.com or mailed to
**WCRHyA Scholarship, ATTN Kelley Holcomb-Stannard,
28715 Burrough Valley Rd, Tollhouse, CA 93667**

Scholarship application must be postmarked by 1/1/2025 to be considered.

1. Applicant Information:

Name _____, _____ M.I.
Last First

Permanent mailing address _____
Number and street

City _____ State _____ Zip _____ E-mail _____

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 2025: _____
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: _____

West Coast Reining Horse Youth Association
SCHOLARSHIP APPLICATION

2025

5. WCRHyA Involvement:

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. Include the amount of time and types of activities you have participated in.

West Coast Reining Horse Youth Association
SCHOLARSHIP APPLICATION

2025

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: _____