



Scholarship Application Form for the Quarter Horse Racing Association of Indiana

Deadline for the scholarship application postmarked by May 1, 2017

Qualifiers for different maximum amount

(Check which one you are applying for)

_____ \$2000 scholarships per year.

For current members of at least one year, or those that are related to a member within two generations (parent/grandparent)

_____ \$1000 scholarships per year.

For Non members and not a relative to a member

QHRAI Scholarships Rules

1. The Quarter Horse Racing Association of Indiana (QHRAI) Scholarship is for those required to hold any QHRAI association memberships.
2. Recipient must be enrolled full time in an accredited college or vocational school in an Equine related field and the Scholarship Directors must receive proof of this enrollment, to disburse scholarship funds for the upcoming semester.
3. Recipient must be legally residing in the state of Indiana and be in good standing with Local, State and U.S. laws.
4. Recipient may be a graduating 2017 high school senior, college freshman, sophomore, junior or senior in the current semester of 2017, or accepted into a vocational school of choice.

This Scholarship is made possible by the:

Quarter Horse Racing Association of Indiana

Scholarship Fund Managed and Disbursed by:

Quarter Horse Racing Association of Indiana

P O Box 399

Shelbyville, IN 46176

General Information:

Applicant Name: _____

Address: _____

City/St/Zip: _____

Phone Number(s) _____

Birth Date _____ Sex _____

Email Address _____

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

Do you have any children? Yes No

If yes, give age of each _____

Family Information:

Mother's Full Name: _____

Father's Full Name _____

[Custodial] Parent(s) Address: _____

Parent(s) City/St/Zip _____

Are you a U.S. Citizen? Yes No

If not, from what country is your citizenship? _____

Are you a current QHRAI Member? Yes No How long? 1yr. 1-5yrs. 5-10yrs. 10yrs +

If No, Do you have any Family that's a QHRAI Member? Yes No

If yes, how long? 1yr. 1-5yrs. 5-10yrs. 10yrs + Name and Relationship _____

Are you a current IHRC license holder? Yes No How long? 1yr. 1-5yrs. 5-10yrs. 10yrs +

If No, Do you have any Family that's a current IHRC license holder? Yes No

If yes, how long? 1yr. 1-5yrs. 5-10yrs. 10yrs + Name and Relationship _____

Are you independent and living on your own? Yes No

Do you provide for another dependent? Yes No

If you are currently employed, please name employer _____

Employer's City, St _____

Employer's Phone _____

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

If yes, name scholarships/grants and amounts: _____

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

Academic Information:

High School:

Highest level completed (circle one) 9 10 11 12

Year of High School Graduation _____

If not in college/vocation, give date you will become a full-time college/vocation student _____

Name of High School _____

City, State _____

High School numerical average or cumulative GPA: _____

Are you enrolled in honors classes? Yes _____ No _____

Post High School:

Are you currently attending college or vocational school? Yes _____ No _____

If yes, check one: Full-Time (12+ hrs.) _____ Part-Time _____

Class Rank, (freshman, sophomore, etc.) _____

College/ vocational school name _____

City, State _____

College/vocational GPA: _____

Expected Date of Graduation _____

Will you attend graduate school? Yes _____ No _____

If you will attend graduate school, give planned degree & area of study

Awards, Activities and Interests:

School or Extracurricular Activities: _____

Interests/ Hobbies: _____

Awards & Recognitions Received: _____

Other Activities, Volunteer work, Seminars, Etc: _____

THIS APPLICATION IS TO BE ACCOMPANIED BY:

- A) Certified High School Transcript
- B) Certified College Transcript if applicable
- C) Single-page, double-spaced, typed 250 word max essay explaining why you feel you deserve to receive this scholarship, describing what your educational goals are and how you plan to apply your education in the horse racing industry in Indiana, upon graduation.
- D) Two letters of reference, non family related

Verification by Applicant

I hereby certify the statements recorded in this application are true and accurate, and that I meet all the requirements set forth in the QHRAI 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 web sites and/or publications. My signature verifies I agree with and accept the information printed above.

Signature of
Applicant _____ Date _____

Signature of Parent or
Guardian _____ Date _____

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May 1, 2017**

Return this Scholarship Application to:

Quarter Horse Racing Association of Indiana

**P O Box 399
Shelbyville, IN 46176**



IndianaQuarterHorseRacing.com