



Scholarship Application Form for the Quarter Horse Racing Association of Indiana

Deadline for the scholarship application postmarked by May 15, 2022

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 with equine aspirations; full time in an accredited college or vocational school (maximum of four years) 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 2022 high school senior, college freshman, sophomore, junior or senior in the current semester of 2022, 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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Return this Scholarship Application to:

Quarter Horse Racing Association of Indiana

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



IndianaQuarterHorseRacing.com