Scholarship Application Form for the
Quarter Horse Racing Association of Indiana

Deadline for the scholarship application postmarked by May 15, 2024

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 2024 high school senior, college freshman, sophomore, junior or senior in the current semester of 2024, 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