

Eastern Ohio Quarter Horse Association - SCHOLARSHIP APPLICATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH (b) _____

PHONE _____

(a) NUMBER OF YEARS MEMBER OF EOQHA: _____

Type: New _____ Renewal _____

Please attach the following:

Most recent school transcript (d) Sec 2(a)

Four (4) current letters of recommendation (Sec 2(a))

1. Please list school involvement (g):

2. Please list your participation in EOQHA (e):

3. Please list your other horse and community related involvement (f):

4. Please list your career goals (h):

5. School you will be attending (c) (Sec 2 (b)):

6. Your intended major and courses you plan on taking next semester or quarter (b):

Signature

RETURN TO:

Brent Maxwell, 24400 State Route 47, West Mansfield, OH 43358 Phone 937-355-9957

For EOQHA Scholarship Committee Use:

Personal interview Schedule Date (if required)

**Deadline: July 31, 2010