

**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