

Marshall County Horseman's Association Inc.

2024 SCHOLARSHIP APPLICATION

GENERAL INFORMATION

Eligibility: Applicant **must be a resident of Marshall County**, and the **applicant** or the **immediate family** of the applicant **must be hands-on associated with the horse industry** in some manner. High School seniors, persons who have completed high school or its related equivalent, or persons currently enrolled in college are eligible to apply. Selection will be based upon horse relationships, financial need, academic performance and extracurricular activities.

Use of Funds: Funds will be paid directly to the school designated by the recipient, and may be divided by semesters. If the recipient does not remain in good academic standing after any school term, the remainder of funds for that year will be forfeited and may be received by an alternate recipient. The funds may be used to attend a trade or vocational school if the recipient so chooses.

Deadline: Applications **must** be filed by April 10, 2024. Applications must be mailed or emailed to the address listed on the back of this form. Email is preferable. The application must be submitted in an envelope with your name on the outside, *except* if the application is emailed. A color photo **must** accompany your application. Emailed photo must be in jpg form. Applications must be typed or printed in black ink.

Student's Full Name: _____

Student's Address: _____

Student's Home Ph#: _____ **Student's Cell #:** _____ **Date of Birth:** _____

Email (Required): _____ **County of Residence:** _____

High School(s) or College(s) attended: _____

High School Applicants: Page 4 must be completed by your school Guidance Counselor.

College Applicants: Disregard page 4. A copy of grade scores from last attended semester must be attached.

Certification and Permission: To the best of my knowledge, information I have given in this application is correct. Permission is granted to persons associated with the scholarship fund to have access to the required information and to contact references.

Applicant's Signature	Address	Date

Father's Signature	Printed Name	Date

Mother's Signature	Printed Name	Date

Parental and Family data

Self-supporting adults applying for scholarship aid are asked to check here () and supply information relating to yourself and your spouse (if applicable) in the area listed below.

Father's Name, Occupation & Employer: _____

Mother's Name, Occupation & Employer: _____

List dependent children living at home and their ages _____

List age and year for any dependent children in college _____

Do you have any special financial needs that the Scholarship Committee should know about?
Information is used for selection purposes only and will NOT be disclosed.

List grants or other scholarships for which you have applied. _____

College or school applied to: _____

Address of College of School: _____

Estimated amount of tuition charges: _____

Estimated cost of room and board if not staying at home: _____

The coming year will be my _____ year in college (1st, 2nd, etc.)

Where will you live while attending school? ___ home ___ campus ___ other

What will be your major course of study? _____

What are your future employment plans? _____

ACHIEVEMENTS

ADDITIONAL REQUIRED INFORMATION

ATTACH ADDITIONAL SHEET(S)

- List participation in class or school organizations and activities along with any honors and awards earned in high school and/or college
- List participation in extracurricular activities, organizations, including honors and awards received.
- List any employment during high school or college years; list average number of hours worked and average wages earned.
- Briefly explain in a short essay (a paragraph or two), your association or the association of your immediate family with the horse industry.
- Please include a recent photograph of yourself. **(To be used for newspaper)**
- Please list three references that are not related to you, with at least one being a teacher at your current school.

Name

Email Address

Telephone

1 _____

2 _____

3 _____

- Recipients will be selected by the Marshall County Horsemen's Association Inc. and will be final.
- Number of scholarships and amounts will be determined on an annual basis. Maximum of \$1,000 for 2024.
- **Incomplete applications will not be accepted.**

Marshall County Horseman's Association Inc.

P. O. Box 1712

Lewisburg, Tennessee 37091

fredardean@gmail.com

931-703-4808



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To Be Completed by Guidance Counselor
(Not applicable if you are currently enrolled in College)

Name of Student Applicant: _____

The above-named student ranks ____ in a class of ____ and has an accumulative GPA of ____.

The Student Applicant has taken the following college entrance examination(s):

Name of Test	Test Score
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_____	_____
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Date of Awards Day and High School Graduation:

Awards Day: _____ Time: _____ Graduation: _____

Name of Guidance Counselor: _____ Phone#: _____

Signature of Guidance Counselor

***Deadline for Submission: April 10, 2024 *Please mail or email to above address before April 10, 2024**