



Undergraduate Scholarship Application

For the JANE HARDY MEREDITH Memorial Scholarship

The Tennessee Walking Horse Breeders' and Exhibitors' Association will award these scholarships based upon availability of funds. The scholarships will be awarded based on academic performance (1/3), extracurricular activities (1/3), equine involvement (1/3). Scholarship recipients are eligible to use the award for undergraduate educational expenses at the College, Junior College, University or Trade School of their choice.

Eligibility Requirements:

1. Must be or have a family member who is a member of TWHBEA
2. Cannot apply for the scholarship before junior year of high school.
3. Cannot be over the age of 24

Application Deadline: July 30

Applications and all supplemental information (*i.e. transcripts, references*) must be emailed or postmarked by July 30. Applications and materials that contain a later postmark or are later emailed will not be considered for review.

Application Requirements:

1. The application **MUST** be typed or emailed. When extra space is needed to complete answers on the application, please include additional sheets of paper.
2. You **MUST** include a head and shoulders photograph of yourself with your application. The photograph should be of a quality for reproduction in publications. Photographs must be color and a minimum of 3" x 5" in size, maximum of 8" x 10".
3. High School Transcripts: An official copy of your high school transcript **MUST** be sent directly from the school. **Copies from the applicant will not be accepted.**

*This application is for the Jane Hardy Meredith Memorial **Undergraduate** Scholarship.*

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Social Security #: _____ Date of Birth: _____

Email Address: _____

Sibling's names & ages:

Career Goals:

College, Junior College, University, or Trade School currently attending or planning to attend:

Educational Background: *(list schools attended, most recent first)*

School: _____

Location: _____

Date attended: _____

School: _____

Location: _____

Date attended: _____

School: _____

Location: _____

Date attended: _____

School: _____

Location: _____

Date attended: _____

School: _____

Location: _____

Date attended: _____

High School Grade Point Average: _____

High School Class Ranking: _____ out of _____

College Entrance Exam Score *(report any which have been taken)*:

ACT: _____

SAT: _____

Other: _____

References:

At least two (2) letters of recommendation, on behalf of the applicant, **MUST** be submitted to TWHBEA. Required letters to include:

1. one (1) from a TWHBEA member; 4-H, FFA, civic or community leader
2. one (1) from applicant's high school principal, counselor, advisor or faculty member

Reference letters should be sent **DIRECTLY** to:

TWHBEA Scholarship Program
P. O. Box 286
Lewisburg, TN 37091-0286

or emailed to **programs@twhbea.com**

List those who have been requested to send letters of recommendation.

(Note: The letters or emails must be postmarked by July 30.)

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

All scholarship information will be held in strictest of confidence. All applications and supporting materials become the property of TWHBEA and will not be returned. Selection of award recipients will be made by the TWHBEA Scholarship Committee.

Use of Funds Awarded:

Funds will be paid directly to the school designated by the recipient. If the recipient fails to complete a semester of enrollment, **a refund of all funds awarded will be due within six months to TWHBEA.** Documentation will be required to confirm completion of the semester awarded.

The information in this application is true and accurate to the best of my knowledge.

Signature of applicant: _____ Date: _____

Local Press Release:

Please include the name and address of your local newspaper. If you are chosen as a recipient of a TWHBEA Scholarship, a press release will be sent along with your photo to the newspaper.

Name of Paper: _____

Phone Number: _____

Address: _____

City/State/Zip: _____

Questions?

For additional applications or questions, contact Jessica Ozburn at jozburn@twhbea.com or (931) 359-0583.

Jane Hardy Meredith Memorial Scholarship

Application Deadline:

July 30th

Mail: P.O. Box 286, Lewisburg, TN 37091

Email: programs@twhbea.com