

AHA REGION 15 SCHOLARSHIP INFORMATION

Scholarships are awarded on the basis of academic ability, leadership and involvement in equine activities. Scholarship winners are to use the award toward undergraduate educational expenses at institutions of higher learning. An institution of higher learning is defined as one which may only be attended upon receipt of a high school diploma or its equivalent, which includes colleges, universities, junior or community colleges offering an associate degree, and trade schools providing education in a field leading to permanent employment.

DESCRIPTIONS:

Two (2) Scholarships of \$1,000 each will be given.

ELIGIBILITY:

Applicant must be a current member of a Region 15 club, must reside in Region 15 and must have graduated or will be graduating high school when applying.

The Board of Delegates unanimously approved a motion to expand the current scholarship program to include those individuals interested in a post secondary career education. This would include college degree programs and specialized career training programs. Applicants should follow the general application form as printed. It is important that the individual is an active member of AHA and a local club. Please include letters of recommendation, a list of activities and your current academic grade point.

REQUIREMENTS:

1. Four (4) letters of recommendation as follows:
 - A. One from a horseman or horsewoman.
 - B. One from an academic teacher or advisor.
 - C. One from an adult member of your Region 15 club.
 - D. One from an employer, or clergy, etc.
2. High school transcript, fall semester of current year.
3. Head and shoulder photograph of applicant, approximately 3x5 inches.
4. Complete ACTIVITIES SUMMARY.
5. One page letter stating your reasons for wanting a scholarship and your personal goals for furthering your education.
6. Copy of current AHA membership card.

PRESS RELEASE:

If you are a scholarship winner, we will be sending the information to your local newspaper.

Name of Newspaper: _____

Address: _____

City: _____ State: _____

Zip Code: _____

An applicant receiving a scholarship shall provide any other documentation as requested by the selection committee. All information remains confidential and the property of the scholarship committee.

**AHA REGION 15
COLLEGE SCHOLARSHIP APPLICATION**

(Please print or type)

NAME: _____ **SS#** _____

PHONE: _____ **EMAIL:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

FATHER'S NAME: _____

MOTHER'S NAME: _____

ADDRESS, IF DIFFERENT THAN

ABOVE: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

MEMBER CLUB: _____

AHA # _____

NAME OF YOUTH ADVISOR OR MEMBERSHIP CHAIRPERSON OF YOUR CLUB _____

PHONE # _____

ADDRESS: _____

CURRENT HIGH SCHOOL: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

THESE FUNDS WILL BE USED TO ASSIST STUDY AT:

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

APPLICATION MUST BE ACCOMPANIED BY ALL ITEMS LISTED UNDER REQUIREMENTS. YOUR PROMPT AND CAREFUL ATTENTION TO DIRECTIONS FOR COMPLETING YOUR APPLICATION WILL INFLUENCE THE SELECTION COMMITTEE'S ACTION.

DEADLINE: MAY 1, 2009

MAIL COMPLETED APPLICATION TO:

Lois Miller 724-586-9565

332 Valencia Road

Evans City, PA 16033