



Oregon Horsemen's Benevolent & Protective Association, Inc.

10350 N. Vancouver Way # 351 Portland, Oregon 97217

Office (503) 285-4941 Fax (503) 285-4942

OHBPA2@AOL.COM

SCHOLARSHIP APPLICATION

Please complete and return to the Oregon H.B.P.A. Office

Name _____

Address _____
(street) (city) (state) (zip)

Telephone _____ Birthdate _____

Year in School _____ Name of Current School _____

Name of School you will be attending: _____

Major _____

Areas of Special Interest _____

Previous Schools Attended _____

Name of actual OHBPA Member _____

Relationship to Member _____

1. With this application please submit a letter stating your educational goals, career goals, any other interests or activities you may have and any community service performed.
2. Three current letters of recommendation, at least one should be an academic recommendation; these must be in writing.
3. A copy of your current official school transcript, verifying your grade point average.
4. A letter of acceptance from the school you will be attending.
5. The address and name of the person from the Financial Aid Dept. where the Scholarship is to be mailed.