

# SCHOLARSHIP

## THE AMERICAN ROAD HORSE AND PONY ASSOCIATION SCHOLARSHIP APPLICATION

### ABOUT THE ARHPA SCHOLARSHIP PROGRAM

This year the American Road Horse And Pony Association is once again pleased to announce they will be offering three \$1,000 college scholarships. Those eligible to receive these scholarships are the youths who are going into college or currently enrolled in college and are current members (or eligible family member of current member) of the ARHPA. The ARHPA wishes to help anyone that is seeking to further their education. The ARHPA Scholarship Committee will award the scholarships on the basis of: community involvement, school involvement, academic success, and personal involvement in the ARHPA. The ARHPA endeavors to award these scholarships to the most eligible recipients. The winners will be announced at the World's Championship Horse Show.

*These scholarships are made possible by an incentive program sponsored by the United States Equestrian Federation. The ARHPA thanks US Equestrian for their generosity in sponsoring these scholarships. Without them, these scholarships would not be possible.*

**DUE DATE** No later than August 1.

**ELIGIBILITY** In order to be eligible for the ARHPA scholarship, the applicant must meet one of these three requirements:

- Be a member of the ARHPA and actively involved in the equine industry.
- A family member (mother, father, grandparent, aunt or uncle) is a member of the ARHPA and actively involved in the equine industry.
- One of the applicant's legal guardians is a member of the ARHPA and actively involved in the equine industry.

**GENERAL INFO**

- 1) All information must be submitted by the due date listed above.
- 2) All information will be held in confidence by the ARHPA Scholarship Committee.
- 3) All application and materials become the property of the ARHPA and may not be returned.
- 4) The scholarship will be awarded directly to the individual. However, in order to receive the scholarship, the application must be completed in its entirety. If not, the application will not be considered.

**SUBMIT TO** ARHPA Scholarship Committee  
c/o Rick Adams  
2755 Bunten Rd.  
Duluth, GA 30096  
RoadHorses@AmericanRoadHorsePony.com

**BEST WISHES!** The American Road Horse and Pony Association would like to wish each applicant the best of luck!



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Please print or type.

**FULL NAME** \_\_\_\_\_  
Last First Middle

**ADDRESS** \_\_\_\_\_ **PHONE** \_\_\_\_\_  
\_\_\_\_\_  
**EMAIL** \_\_\_\_\_  
\_\_\_\_\_  
**DATE OF BIRTH** \_\_\_\_\_

**ARHPA # (OR LIST WHICH FAMILY MEMBER IS ARHPA MEMBER AND THEIR #)** \_\_\_\_\_  
\_\_\_\_\_

**NAME OF HIGH SCHOOL** \_\_\_\_\_ **GRADUATION DATE** \_\_\_\_\_

**NAME OF COLLEGE ENROLLING IN OR CURRENTLY ENROLLED IN** \_\_\_\_\_

**ACT COMPOSITE SCORE** \_\_\_\_\_ **- OR - SAT COMPOSITE SCORE** \_\_\_\_\_

**HIGH SCHOOL GPA** \_\_\_\_\_ **COLLEGE GPA (IF IT APPLIES)** \_\_\_\_\_

**MAJOR IN COLLEGE** \_\_\_\_\_

**WHAT TYPE OF DEGREE DO YOU PLAN ON OBTAINING?** \_\_\_\_\_

**BRIEFLY DESCRIBE YOUR LONG-RANGE AND CAREER AMBITIONS:** \_\_\_\_\_

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**EQUINE ACTIVITIES AND ORGANIZATIONS:**

**LIST EQUINE ACTIVITIES AND ORGANIZATIONS IN WHICH YOU HAVE PARTICIPATED.**

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**EQUINE AWARDS/HONORS/ACHIEVEMENTS:**

**LIST EQUINE AWARDS, HONORS, AND ACHIEVEMENTS. INCLUDE THE NAME OF THE AWARD AND THE NAME OF THE PRESENTING ORGANIZATION. DO NOT LIST CLASS WINNINGS!**

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## ACADEMIC ACTIVITIES AND ORGANIZATIONS:

LIST ORGANIZATIONS IN WHICH YOU PARTICIPATED EITHER IN HIGH SCHOOL OR COLLEGE. INCLUDE THE NAME OF THE ACTIVITY AND ANY LEADERSHIP ROLES HELD (PRESIDENT, CAPTAIN, ETC.) AND YEARS PARTICIPATED.

Organization	Activity	Role	Years Participated

## ACADEMIC AWARDS/HONORS/ACHIEVEMENTS:

LIST HONORS AND AWARDS GIVEN FOR ACADEMIC ACCOMPLISHMENTS. GIVE A BRIEF DESCRIPTION OF THE AWARD, HONOR AND ACHIEVEMENT.

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## COMMUNITY INVOLVEMENT AND VOLUNTEER EFFORTS:

LIST COMMUNITY OR CHURCH ACTIVITIES IN WHICH YOU HAVE PARTICIPATED. INCLUDE THE TYPE OF WORK, THE NAME OF THE AGENCY/ORGANIZATION AND APPROXIMATE DATES.

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## REFERENCES:

LIST TWO REFERENCES THAT WE MAY CONTACT. PLEASE INCLUDE THEIR TELEPHONE NUMBER.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_

BY SIGNING THIS APPLICATION YOU VERIFY THAT ALL INFORMATION THAT YOU HAVE SUBMITTED IS TRUE AND THAT YOU GIVE ARHPA THE RIGHT TO ALL INFORMATION PROVIDED. ANY INFORMATION THAT IS FOUND TO BE FALSE OR AN INCOMPLETE APPLICATION WILL DISQUALIFY YOU FROM THE SCHOLARSHIP.



SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_