

## **OMI Quarter Horse Association – 2019 Scholarship Application**

Name						
Address						
City	State	Zip				
Phone #	E-mail					
DOB	# of years as an active member of OMIQHA					
Applicant must be a 2019	member in good standing, as w	vell as a member for the past two years	S.			
High School Attended						
College or University Atte	nding					
College Class Status (Fr-So	o-Jr-Sr-Other)					
Academic Year	Major/Intended Major					
List Courses taking						
Career Goals						
High School/College Activ	ities					
List your involvement in C	OMIQHA & or any other horse re	elated association				

List your comm	unity related involve	ment		
Explain the ben	efits from you experi	ences with OMIQHA		
Describe your f	uture goals & plans o	f how you would benefit	from scholarship	
assistance with commitment to FOR A MAXIMU OMIQHA Year-	college expenses in rocontinue to promote JM OF TWO TIMES TO End Awards Banquet.	ined by the committee a eward for past & presen e the American Quarter I O ANY SINGLE PERSON. R For consideration subm yo letters of recommend	t participation in OMIQI Horse. SCHOLARSHIP WI ecipient will be recogniz it application, your most	HA activities & their LL BE AWARDED red at the annual
	This year's ap	plication deadline is Frid	lay, February 1, 2019.	
Kimberly Walt 4400 St Rt 4 Bucyrus, Ohio kcperfhorses@ 419-834-1299	මුaol.com			
Signature of ap	plicant		Dat	e
OMI Use Only:	☐ 2019 Member	☐ 2018 Member	☐ 2017 Member	Verified by: