Scholarship Application - The American Paint Horse Foundation (APHF) scholarship fund promotes the educational and social growth of young horsemen and -women by awarding annual scholarships. This program is open to any APHA or AjPHA member who has been actively involved in either association’s programs.

**Application material must be postmarked by March 1**
American Paint Horse Foundation
P.O. Box 961023
Fort Worth, TX 76161-0023
(817) 222-6412

**General Information**

Grants of $1,000 per academic year are available for full-time students taking a minimum of 12 hours. Applicants must have a cumulative “B” grade-point average or its equivalent (3.0) adjusted to a 4-point scale. Scholarship may be renewed up to the equivalent of eight semesters if a “B” grade-point average is maintained. If applying within two years of high school graduation and have been attending college, applicant’s cumulative college grade point average (GPA) must be 3.0 or higher to qualify.

1. Applicant must be an APHA or AjPHA member in good standing for three years, and involved in horse activity using a Paint Horse or contributing actively to an APHA Regional Club for at least one year prior to and at the time of application.
2. Must be a high school graduate or equivalent and have never been married.
3. Applicants, regardless of age, must apply for the scholarship within two years from the date of high school graduation. If they are not awarded a scholarship, they can reapply during the next four years, but the award is not retroactive. If attending college, they must submit a transcript and cumulative GPA must be a 3.0 or higher.
4. This application must be postmarked no later than March 1 of the year in which the applicant wishes to receive the grant. Faxes will NOT be accepted.
5. All applications must be accompanied by a recent portrait photograph of the applicant ONLY—no horses please. The photograph should be approximately 3 inches by 5 inches.
6. Scholarship funds will be paid directly to the institution and will not be issued to the student or their family. Funds are to be used primarily for tuition, books and lab fees.
7. All applications and supporting materials become the property of APHF and cannot be returned.
8. All information will be held in strictest confidence by the Review Committee.

**APHF scholarship checklist:**

- Filled out personal and family information
- Completely listed all scholastic information
- Included 500-word essay on educational plans and goals
- Included a photograph
- Provided a transcript covering grades 10–12 indicating the required cumulative 3.0 or higher GPA adjusted to a 4-point scale
- Included official copy of SAT or ACT results if scores are not listed in transcript
- Listed all APHA- and horse-related activities
- Noted all extracurricular and community involvement
- Provided each reference with a recommendation form
- Signed the application
- Provided a college transcript if applicable
Applicant’s Personal Information

Name: _____________________________________________ Date of Birth: ______________________________

Social Security No.: ________________________________ APHA ID No: ______________________________

Phone: ( __________ ) _____________________________ E-mail: _______________________________________

Address: __________________________________________

City: ___________________________ State: _______________ Zip: __________________________

Family Information

Father’s Name: _____________________________________________ APHA ID No: __________________________

Phone: ( __________ ) _____________________________ E-mail: _______________________________________

Address: __________________________________________

City: ___________________________ State: _______________ Zip: __________________________

Mother’s Name: _____________________________________________ APHA ID No: __________________________

Phone: ( __________ ) _____________________________ E-mail: _______________________________________

Address: __________________________________________

City: ___________________________ State: _______________ Zip: __________________________

Guardian or Other: _____________________________________________ APHA ID No: __________________________

Phone: ( __________ ) _____________________________ E-mail: _______________________________________

Address: __________________________________________

City: ___________________________ State: _______________ Zip: __________________________

Category I—20% of total application score

Indicate Career Goal: ____________________________________________________________

How long will you be in school to achieve this goal? ________________________________

Please include a separate, 500-word or less explanation of your educational plans and goals.

Scholastic Record

Name of School Location Dates Attended

High School GPA adjusted to a 4-point scale: (Attach transcript covering grades 10–12)

College GPA if applicable: ____________________________________________________________ (Include college transcript)

Class Rank ___________________ out of ______________________

College Entrance Exam Score (Attach Copy of Official Results*) ACT: __________ SAT: __________ Other: __________

ACT: Score Percentile SAT: Score Percentile Other: Score Percentile

ACT: Score Percentile SAT: Score Percentile Other: Score Percentile
Category I, continued

Name(s) of college(s) or school(s) to which you have or are applying, in order of preference:

1. ____________________________________________________________
2. ____________________________________________________________
3. ____________________________________________________________
4. ____________________________________________________________

*Official not required if scores are listed on transcript.

Category II—20% of total application score

American Paint Horse Association and American Junior Paint Horse Association Club Activities

AjPHA Offices Held: ____________________________________________ Year: _________________________
____________________________________________________________________________ Year: _________________________

Regional Club: Are you a current member of an APHA Regional Club? ☐ Yes ☐ No

If yes, name of Regional Club: ____________________________________________

AjPHA Regional Club Paint Horse Activities or Personal Contributing Activities:
____________________________________________________________________________ Year: _________________________
____________________________________________________________________________ Year: _________________________
____________________________________________________________________________ Year: _________________________

APHA Regional Club Paint Horse Activities or Personal Contributing Activities:
____________________________________________________________________________ Year: _________________________
____________________________________________________________________________ Year: _________________________
____________________________________________________________________________ Year: _________________________

Committee(s) Served On:
____________________________________________________________________________ Year: _________________________
____________________________________________________________________________ Year: _________________________
____________________________________________________________________________ Year: _________________________

Other Notable Activities:
____________________________________________________________________________ Year: _________________________
____________________________________________________________________________ Year: _________________________
____________________________________________________________________________ Year: _________________________

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Category III—20% of total application score

**American Paint Horse Association Horse Activities** (approved APHA shows, PAC events, trail rides, etc.)

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<tr>
<th>Name of Horse</th>
<th>Year of Competition</th>
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**APHA Awards:**

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**AjPHA Awards:**

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**Regional Club Awards:**

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**Regional Club Awards:**

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**Regional Club Awards:**

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**Regional Club Awards:**

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**AjPHA Awards:**

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**Regional Club Awards:**

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Category III, continued

Name of Horse: ___________________________________________________ Year of Competition: ______________

APHA Awards: ________________________________________________________

AjPHA Awards: ________________________________________________________

Regional Club Awards: ________________________________________________

Outside Horse-Related Activities

4-H Membership: _______________________________________________________

Participation: _________________________________________________________

Awards: __________________________________ Year: ______________

_____________________________________ Year: ______________

______________________________________ Year: ______________

Pony Club Membership: ______________________________________________

Participation: _________________________________________________________

Awards: __________________________________ Year: ______________

_____________________________________ Year: ______________

______________________________________ Year: ______________

FFA Membership: ____________________________________________________

Participation: _________________________________________________________

Awards: __________________________________ Year: ______________

_____________________________________ Year: ______________

______________________________________ Year: ______________

Other (local saddle clubs, stables, etc.): __________________________________

_____________________________________________________________________

_____________________________________________________________________

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Category IV—20% of total application score

**Extracurricular Activities**

**Academic Activities**

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<th>Honors</th>
<th>Year</th>
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**Community Activities**

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Category V—20% of total application score

**Additional Consideration/References**

The applicant must have submitted on his/her behalf at least three (3) recommendation forms. These forms must be sent, separate from the application, directly to APHA by the individual making the recommendation and must be written on the approved form.

List those you have requested to write recommendations:

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I have personally prepared this application and believe it to be correct:

Signature of Applicant: ___________________________ Date: ___________________________

Printed Name of Applicant: ___________________________ Date of Birth: ___________________________