

Applicant's Name:	
Date Received:	

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 122 E Exchange Ave Suite 420 Fort Worth 76164

General Information

Grants of \$1,000 per academic year are available for full-time students tak-ing 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 gradua-tion 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

Scholarship Application

Applicant's Personal Information

Name:		Date of Birth:	
Social Security No.:	APH	A ID No:	
Phone: ()	E-mail:		
Address:			
City:	State:		Zip:
Family Information			
Father's Name:	АРН	A ID No:	
Phone: ()	E-mail:		
Address:			
City:	State:		_ Zip:
Mother's Name:	АРН	IA ID No:	
Phone: ()	E-mail:		
Address:			
City:	State:		Zip:
Guardian or Other:	АРН	IA ID No:	
Phone: ()	E-mail:		
Address:			
City:	State:		Zip:
Indicate Career Goal:	6 of total application s		
0 ,	ol to achieve this goal?ate, 500-word or less explanat		
Scholastic Record Name of School	Loc	ation	Dates Attended
High School GPA adjusted to	a 4-point scale: (Attach transc	cript covering grades 10–12)
College GPA if applicable:			(Include college transcript)
	out of		
College Entrance Exam Score	(Attach Copy of Official Results*) AC	T: SAT:	Score Other: Score
	AC	T: SAT:	Other:Percentile Percentile

Category I, continued Name(s) of college(s) or school(s) to which you have or are applying, in order of preference: 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: _____ 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: ______ APHA Regional Club Paint Horse Activities or Personal Contributing Activities: _____ Year: _____ _____ Year: _____ Year: Committee(s) Served On: ____ Year: ______ ______ Year: ______ Other Notable Activities: ______ Year: ______ ___ Year: ___ _____ Year: _____

Category III—20% of total application score

American Paint Horse Association Horse Activities (approved APHA shows, PAC events, trail rides, etc.) Year of Competition:_____ Name of Horse: APHA Awards: AjPHA Awards: Regional Club Awards: Name of Horse: ______ Year of Competition: _____ APHA Awards: AjPHA Awards: ____ Regional Club Awards: Name of Horse: ______ Year of Competition: _____ APHA Awards: AjPHA Awards: Regional Club Awards: Year of Competition: Name of Horse: ___ APHA Awards: AjPHA Awards: ____ Regional Club Awards:

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.):

Category IV—20% of total application score

Extracurricular Activities

Academic Activities					
Honors:			Year:		
			Year:		
Awards:			Year:		
			Year:		
Offices:			Year:		
			Year:		
Groups:			Year:		
Activities:			Year:		
Community Activities					
Church:			Year:		
			Year:		
Clubs:			Year:		
			Year:		
			Year:		
Service Organizations:			Year:		
			Year:		
Employment:			Year:		
			Year:		
			Year:		
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Category V—20°, Additional Consideration	1 1	cation score			
Γhe applicant must have subm	nitted on his/her behalf at le to APHA by the individual 1	making the recommendation and	orms. These forms must be sent, separate I must be written on the approved form.		
Name:		Name:	Name:		
Address:		Address:			
City:	State:	City:	State:		
Name:					
Address:					
City:	State:				
I have personally prepared this	s application and believe it	to be correct:			
Signature of Applicant:			Date:		
Printed Name of Applicant:		Da	ate of Birth:		