

Keystone Quarter Horse Association Scholarship Application for 2010

Applicant

Name: _____ Social Security # _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Date of Birth _____

Career Goal: _____

School you will/are attending: _____ City/State _____

Check one: _____ New application _____ Continuing application

Signature of applicant: _____ Date: _____

General Information

- New application requires the completion of all four pages.
- Subsequent continuous applications require completion of page 1 and a copy of your college transcript
- Payment will be mailed after confirmation of enrollment is received
- The selection committee will hold all information in the strictest confidence.
- A recent photograph of the applicant must accompany all applications. The photograph should be approximately 3" x 5" and include only the head and shoulders of the applicant.
- Questions should be directed to Steve Erdly (570) 524-7795.
- All applications and supporting materials become the property of KQHA and will not be returned
- Applications **MUST** be postmarked no later than July 31, 2010.
- Applications should be mailed to:

Steve Erdly
1434 William Penn Drive
Lewisburg, PA 17837
steve_erdly@yahoo.com

Family Information

Father: _____

Address: _____ City: _____ State: _____ Zip: _____

Mother: _____

Address: _____ City: _____ State: _____ Zip: _____

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Scholastic Record

Name of School (High School)	Location	Dates Attended
_____	_____	_____
College(s) and/or Trade School		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

College GPA (if applicable) _____ out of possible _____ (attach copy of College transcript)

College entrance exam score ACT _____ SAT _____ other _____ (attach copy of official result)

High School GPA _____ Class ranking _____ out of _____ (attach copy of High School Transcript)

Extracurricular Activities

Year joined KQHA _____ Last year of AQHA _____

Personal achievements/contributions towards betterment of KQHA and AQHA (if more space needed, attach additional sheets)

List extracurricular activities, including but not limited to, Student Government, 4H, FFA, Sports, Community Service etc.

List any offices held in the organizations of which you were a member.

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List any honors and/or awards you have received.

References – List those you have requested to write letters of recommendation

KOHA member

Name: _____

Address: _____ City: _____ State: _____ Zip _____

Principal/Counselor/Faculty Advisor

Name: _____

Address: _____ City: _____ State: _____ Zip _____

Other

Name: _____

Address: _____ City: _____ State: _____ Zip _____

Other

Name: _____

Address: _____ City: _____ State: _____ Zip _____

Other

Name: _____

Address: _____ City: _____ State: _____ Zip _____