

# WNYQHCI Scholarship Application 2016

## General Information:

1. The Western New York Quarter Horse Club, Inc. (WNYQHCI) will award one scholarship in the amount of \$1,000, or Two (2) \$500 scholarships.
2. The Western New York Quarter Horse Club, Inc. Scholarship program is open to any WNYQHCI member who will be attending an accredited college or university, 9 credit hours or more, and is 25 years or younger.
3. Application for a scholarship must be made within one year of graduation from high school, 1st, 2nd and 3rd year of college.
4. Applicants must have an accumulative grade point average of 3.0 (B) on a four point scale.
5. This application, transcripts and references must be post marked no later than June 15<sup>th</sup> of the year in which the applicant wishes to receive the scholarship. Faxes will not be accepted. Recipient will be announced at the Candy Apple Classic Horse Show.
6. Scholarship funds will be paid directly to the institution and will not be issued to the student or their family. If awarded a WNYQHCI Scholarship, it is the responsibility of the recipient to notify the WNYQHCI Scholarship Committee of the college or university they will be attending and the necessary information for contact with the financial aid department.
7. All applications and supporting material become the property of WNYQHCI and will not be returned.
8. All blanks on the application must be filled. If a blank is not applicable, please mark as N/A. An application that is not completely filled out will be returned. (Application may be resubmitted if postmark deadline is met.)
9. Scholarship Applications will be sent to:  
WNYQHCI/Scholarship  
Amy Hanssen  
9063 Chestnut Ridge Road  
Middleport, N.Y., 14105
10. For further information contact WNYQHCI Scholarship Co-chairs  
Amy Hanssen - 716-735-7988, Cheryl Bish – 716-439-4499,  
Karen Randall - 716 439-1865, Tracy Kalinski – 716-433-1389

# Applicant's Personal Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
WNYQHCI membership date: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Family Information:

Fathers Name: \_ \_\_\_\_\_  
WNYQHCI membership date: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mothers Name: \_\_\_\_\_  
WNYQHCI membership date: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Gaurdian or Others Name: \_\_\_\_\_  
WNYQHCI membership date: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

# Category I - 25% of total application score

## Indicate Career Goal

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How long will you be in school to achieve this goal? \_\_\_\_\_ years

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 4-point scale \_\_\_\_\_ (Attach high school transcripts)

Photocopy acceptable

Class Rank \_\_\_\_\_ of \_\_\_\_\_

College Entrance Exam Score :

ACT SAT

score score

ACT \_\_\_\_\_ SAT \_\_\_\_\_

Percentile Percentile

Names of college(s) to which you are applying in order of preference:

1. \_\_\_\_\_

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2. \_\_\_\_\_

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3. \_\_\_\_\_

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(Attach additional page if needed)

## Category II - 25% of total application score

### Horse Activities:

Horse Club Memberships: \_\_\_\_\_ Year(s) \_\_\_\_\_  
\_\_\_\_\_ Year(s) \_\_\_\_\_  
\_\_\_\_\_ Year(s) \_\_\_\_\_  
\_\_\_\_\_ Year(s) \_\_\_\_\_  
\_\_\_\_\_ Year(s) \_\_\_\_\_

Regional/State/

Organization Activities:

\_\_\_\_\_ Year(s) \_\_\_\_\_  
\_\_\_\_\_ Year(s) \_\_\_\_\_  
\_\_\_\_\_ Year(s) \_\_\_\_\_  
\_\_\_\_\_ Year(s) \_\_\_\_\_  
\_\_\_\_\_ Year(s) \_\_\_\_\_  
\_\_\_\_\_ Year(s) \_\_\_\_\_

WNYQHCI

Membership: \_\_\_\_\_ Year(s) \_\_\_\_\_

Activities: \_\_\_\_\_ Year(s) \_\_\_\_\_

\_\_\_\_\_ Year(s) \_\_\_\_\_

Awards :

Name of Horse: \_\_\_\_\_ Year of Competition: \_\_\_\_\_

Awards: \_\_\_\_\_

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Name of Horse: \_\_\_\_\_ Year of Competition: \_\_\_\_\_

Awards : \_\_\_\_\_

Name of Horse: \_\_\_\_\_ Year of Competition: \_\_\_\_\_

Awards : \_\_\_\_\_

Name of Horse: \_\_\_\_\_ Year of Competition: \_\_\_\_\_

Awards: \_\_\_\_\_

(attach additional page if needed)

# Category III- 20% of total application score

## WNYQHC Activities:

Volunteer Activities:

_____	Year(s)	_____
_____	Year(s)	_____
_____	Year(s)	_____
_____	Year(s)	_____

Fundraisers:

_____	Year(s)	_____
_____	Year(s)	_____
_____	Year(s)	_____
_____	Year(s)	_____

Club hosted Show help:

_____	Year(s)	_____
_____	Year(s)	_____
_____	Year(s)	_____
_____	Year(s)	_____

Other Club Activities:

_____	Year(s)	_____
_____	Year(s)	_____
_____	Year(s)	_____
_____	Year(s)	_____

(Attach additional page if needed)

## Category IV - 15% of total application score

### Extracurricular Activities: Academic Activities

Honors \_\_\_\_\_ Year \_\_\_\_\_

Awards \_\_\_\_\_ Year \_\_\_\_\_

Offices \_\_\_\_\_ Year \_\_\_\_\_

Activities \_\_\_\_\_ Year \_\_\_\_\_

Community Activities \_\_\_\_\_ Year \_\_\_\_\_

Clubs \_\_\_\_\_ Year \_\_\_\_\_

Employment \_\_\_\_\_ Year \_\_\_\_\_

Service Activities \_\_\_\_\_ Year \_\_\_\_\_

(Attach additional page if needed)

## Category V - 15% of total application score

### References:

The applicant must have submitted on his/her behalf at least three (3) recommendation letters. These forms must be sent, *separate* from the application directly to WNYQHCI/Scholarship Committee Chair; Amy Hanssen, 9063 Chestnut Ridge Road, Middleport, NY 14105, by the individual making the recommendation. List those you have requested to write recommendations.

#### Academic Reference:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

#### Equine Reference:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_

#### Personal Reference:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

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

Signature of Applicant:

\_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Applicant:

\_\_\_\_\_ Date: \_\_\_\_\_