

MQHA SCHOLARSHIP APPLICATION FORM

Name _____ Date _____

Address _____ Phone _____

Parent(s) Address _____

Higher Education Institution Enrolled or Attending:

Institution Name _____

Address _____

Date of Current Enrollment to High Ed Institution (yr) _____

Current Education Status (high School senior, college freshman, etc.) _____

Current Academic Year Grade Point Average: _____

Other Scholarships Received (Name, date and amount) _____

Years of Membership in MYQHA or MQHA _____

Provide response to the following items on additional page and attach to this application.

- a. Describe your past and present involvement with horses and the horse industry.
- b. Describe your leadership and extra curricular activities or experience (kinds of activities, offices held, special events, etc.)(high school, community, church, etc.).
- c. Describe your future education and occupational plans including your major field of study. How will this scholarship help you achieve your goals? How will these funds be used?

Submit application and attachments no later than May 31 to:

Jay Thesing

3197 County 24 Blvd

Cannon Falls, MN 55009

507-263-0140

Review of applications will occur during June and July. Applicants will be notified of awards in August. Scholarship award checks will be made to the applicant and the higher education institution, and will require co-endorsing by both parties. Application form also available on MQHA website www.mnqha.com

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Eligibility and Application Requirements:

Eligibility

- ◆ High School Senior or Older
- ◆ MYQHA Member or MQHA member (past or present)

Application Requirements (first three due by May 31 each year)

- ◆ Completed Application Form
- ◆ Two letters of recommendation
- ◆ Verification of grade point average
- ◆ Copy of Higher Education fee statement or registration. Upon receipt, scholarship award will be mailed to recipient to be co-endorsed by school attending.
- ◆ Photo of applicant (for use in newsletter).

MQHA Scholarships will be awarded based on the following criteria:

Equine Background

Leadership Development

Scholastic Achievement

Educational Goals

HOME TOWN NEWSPAPER:

NAME

ADDRESS

PHONE

I submit this application verifying that the information contained here is accurate and true, to the best of my knowledge.

Applicant's Signature

Date