



**NORTHERN MICHIGAN ASSOCIATION  
OF WESTERN HORSE CLUBS**

## **2018 SCHOLARSHIP APPLICATION**

### **Application Instructions:**

- Applications must be completed and postmarked no later than September 1, 2018.
- Incomplete or late applications will not be accepted.
- Please type or print legibly in blue or black ink.
- Fill all blanks on the application. If a blank is not applicable, please mark as "N/A".
- Do not staple application materials, use paper or binder clips to secure items.
- Do not place applications in binders, folders or protective sheet covers.
- All applications become the property of NMAWHC. The information on the application and any attached papers will be treated in strict confidence.
- If you are 21 years of age or married, you do not need to provide parental information unless they are contributing financially to your education.
- Include with completed application, essay, and two recommendation forms.

Send materials to: VICE PRESIDENT  
Cathy Browe  
PO BOX 4113  
TRAVERSE CITY, MI 49685

### **Applicant Information:**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date Of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Education:

High School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

College/University/Trade School (attending or planning to attend):

\_\_\_\_\_

Location: \_\_\_\_\_ Expected Grad. Year: \_\_\_\_\_

Annual Tuition: \_\_\_\_\_ Major: \_\_\_\_\_

Career Goal: \_\_\_\_\_

ACT Score: \_\_\_\_\_ SAT Score: \_\_\_\_\_

High School GPA: \_\_\_\_\_ College GPA: \_\_\_\_\_

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**Family Information:**

\_\_\_\_\_ I live independent of parental support.

\_\_\_\_\_ I live at home with both parents.

\_\_\_\_\_ I live in a single parent household with my: Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

If your parents are divorced, does your non-resident parent contribute to your support?

\_\_\_\_\_ Y \_\_\_\_\_ N

Number of siblings: \_\_\_\_\_ Ages: \_\_\_\_\_ Number of siblings currently in college \_\_\_\_\_

Mother/Guardian: Living \_\_\_\_\_ Deceased \_\_\_\_\_

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

Father/Guardian: Living \_\_\_\_\_ Deceased \_\_\_\_\_

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

Applicant's Spouse: Living \_\_\_\_\_ Deceased \_\_\_\_\_

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

**Extracurricular Activities:** Base your answers on the past three years. You may use a separate sheet of paper, if needed.

**Equine/ Agriculture Related Activities**

Clubs or activities in which you have participated excluding NMAWHC:

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Offices held or awards earned:

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List your involvement in NMAWHC including any volunteer hours, awards earned, offices held:

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**School Related Activities**

Clubs or activities in which you have participated:

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**Other Activities**

List any activities including government, community service, employment, etc:

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### **Essay Topic**

Please submit an essay on the below question, to be written on a separate sheet of paper, not to exceed two pages. If typed, please use double space and 12 pt. font. May also be hand written in ink.

*How will the lessons learned showing horses impact the rest of your life?*

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### **Verification**

I hereby certify that the statements recorded on this application are accurate and true, I meet all the requirements listed on this application by the Northern Western Association of Western Horse Clubs. I understand that if any statements made on this application are found to be untrue, I may be disqualified from receiving a scholarship.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2017

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Checklist for complete application:

- Completed four page application
- Essay
- Two recommendations in a sealed, signed envelope
- Postmarked by or on September 1, 2017



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NMAWHC Scholarship Recommendation Form

To The Appraiser:

Thank you for taking the time to provide information on behalf of the scholarship applicant. You have been asked to provide information in support of the scholarship applicant. We appreciate your thoughtful attention to the following statements. When completed, ***please return to the applicant in a sealed envelope marked "NMAWHC Scholarship Committee" and place your signature across the seal.*** This appraisal will serve as a letter of recommendation for the applicant.

Applicant's Name: \_\_\_\_\_

The applicant's ability to set realistic and attainable goals is:

\_\_\_\_ excellent      \_\_\_\_ good      \_\_\_\_ fair      \_\_\_\_ poor

The quality of the applicant's commitment to his/her projects or activities is:

\_\_\_\_ excellent      \_\_\_\_ good      \_\_\_\_ fair      \_\_\_\_ poor

The applicant's respect for self and others is:

\_\_\_\_ excellent      \_\_\_\_ good      \_\_\_\_ fair      \_\_\_\_ poor

The applicant is able to seek, find and use learning resources:

\_\_\_\_ extremely well      \_\_\_\_ very well      \_\_\_\_ moderately well      \_\_\_\_ not well

The applicant demonstrates curiosity and initiative:

\_\_\_\_ extremely well      \_\_\_\_ very well      \_\_\_\_ moderately well      \_\_\_\_ not well

The applicant demonstrates leadership potential:

\_\_\_\_ extremely well      \_\_\_\_ very well      \_\_\_\_ moderately well      \_\_\_\_ not well

The applicant demonstrates problem-solving skills, follows through and completes tasks on time:

\_\_\_\_ extremely well      \_\_\_\_ very well      \_\_\_\_ moderately well      \_\_\_\_ not well

The applicant's achievements reflect his/her abilities:

\_\_\_\_ extremely well      \_\_\_\_ very well      \_\_\_\_ moderately well      \_\_\_\_ not well

NMAWHC Scholarship Recommendation - continued

Applicant: \_\_\_\_\_

Additional Comments:

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Appraiser's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Association to Applicant:

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