

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
P.O. Box 961023
Fort Worth, TX 76161-0023
(817) 834-2742, extension 422

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

General Information

Grants of \$1,000 a year are available for full-time students taking 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 one year of high school graduation and have been attending college, applicant's first semester grade point average (GPA) must be 3.0 or higher to qualify.

1. Applicant must be an APHA or AjPHA member in good standing 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 one year from the date of high school graduation. Then, they can reapply for

the next four years. 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 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.

Applicant's Personal Information

Name: _____ Date of Birth: _____

Social Security No.: _____ APHA ID No: _____

Phone: (_____) _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Family Information

Father's Name: _____ APHA ID No: _____

Phone: (_____) _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Mother's Name: _____ APHA ID No: _____

Phone: (_____) _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Guardian or Other: _____ APHA ID No: _____

Phone: (_____) _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Category I—20% of total application score

Indicate Career Goal: _____

How long will you be in school to achieve this goal? _____

Please include a separate, 500-word or less explanation of your educational plans and goals.

Scholastic Record

Name of School	Location	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Category I, continued

High School GPA adjusted to a 4-point scale: _____ (Attach transcript covering grades 10–12)

College GPA if applicable: _____ (Include college transcript)

Class Rank _____ out of _____

College Entrance Exam Score (Attach Copy of Official Results*) ACT: _____ SAT: _____ Other: _____
Score Score Score

*Official not required if scores are listed on transcript.

ACT: _____ SAT: _____ Other: _____
Percentile Percentile Percentile

Name(s) of college(s) or school(s) to which you have or are applying, in order of preference:

- 1. _____ 2. _____
- 3. _____ 4. _____

Category II—20% of total application score

American Paint Horse Association and American Junior Paint Horse Association Club Activities

AjPHA Offices Held: _____ Year: _____
_____ 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: _____
_____ Year: _____

APHA Regional Club Paint Horse Activities or Personal Contributing Activities:

_____ Year: _____
_____ Year: _____
_____ Year: _____

Committee(s) Served On:

_____ Year: _____
_____ 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.)

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: _____

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: _____

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: _____

Category V—20% of total application score

Additional Consideration/References

The applicant must have submitted on his/her behalf at least three (3) recommendation forms. These forms must be sent, separate from the application, directly to APHA by the individual making the recommendation and must be written on the approved form.

List those you have requested to write recommendations:

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ State: _____ City: _____ State: _____

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 of Birth: _____