



Paso Fino Horse Foundation Youth Scholarship Program



## **YOUTH SCHOLARSHIP CRITERIA AND GUIDELINES**

The Foundation Scholarship Committee has the right to award scholarships up to \$10,000 each per year. Smaller awards may be made depending upon the circumstances. The Committee retains the right to withhold scholarship grants in any year if no candidate is deemed to be qualified. The decision of the committee is final.

### **Criteria:**

1. Applicant must be between the ages of 15 – 19 and a member in good standing of the Paso Fino Horse Association.
2. Applicant must be a high school senior or must have graduated from high school within the past year.
3. Applicant must have at least a 2.0/4.0 high school grade point average.
4. Applicant must plan to attend a two- or four-year accredited college, university, or technical/vocational school.
5. Applicant must show evidence of academic achievement and campus or community service.
6. Applicant must submit the following materials:
  - a. Copy of the most current transcript.
  - b. Three completed recommendation/reference forms from current or former teachers or instructors.
  - c. Parent(s)' W-2s or last year's Federal Income tax return.
  - d. ACT or SAT test scores. (This may be on your HS transcript.)
  - e. A typed, double spaced essay of two pages addressing the topic:

The factors that have contributed to both your successes and failures in life, mentioning any specific individual(s) who has provided you with a positive role model. Include your vision of the goals toward which you would like to strive upon the completion of your formal education.

Scholarship recipients will be selected by a selection committee appointed by the Paso Fino Horse Foundation Board of Directors and will be announced in June 2019. No member of the selection committee, or his or her immediate family, shall be eligible for scholarship assistance during his or her tenure on the Foundation Board of Directors or the selection committee.

Scholarship money may be forfeited if not used within two years absent good cause.

**COMPLETED SCHOLARSHIP APPLICATIONS WITH ALL REQUIRED ATTACHMENTS MUST BE RECEIVED NO LATER THAN MAY 31, 2019. AN INCOMPLETE APPLICATION WILL NOT BE CONSIDERED. MAIL SCHOLARSHIP APPLICATION TO MARCIA DAVIS, PASO FINO FOUNDATION SCHOLARSHIP COMMITTEE, P.O. BOX 1860, ALACHUA, FLORIDA 32616.**



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## APPLICATION

**DEADLINE: MAY 31, 2019**

Incomplete or late applications will not be accepted for consideration. Various support materials **MUST** be forwarded with this application. If you have any questions regarding the eligibility or requirements for the scholarship, please refer to the 2019 Paso Fino Foundation Youth Scholarship Guidelines.

### **APPLICATION INSTRUCTIONS:**

**Please type or print in blue or black ink.**

Paso Fino Organization Membership No.: \_\_\_\_\_ SSN: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Sex:  Male  Female

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Age: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent(s) or Legal Guardian(s): \_\_\_\_\_ PFHA NO.: \_\_\_\_\_

Occupation(s): \_\_\_\_\_

### **PASO FINO ACTIVITIES:**

List the Paso Fino regional organization you have been or are a member of:

Region \_\_\_\_\_ Years \_\_\_\_\_

List any Paso Fino programs in which you have participated:

Youth Mundial: \_\_\_\_\_  Pasos for Pleasure, Years entered: \_\_\_\_\_

### **EQUINE/AGRICULTURE RELATED ACTIVITIES:**

In the space below, list any equine or agriculture related clubs or activities in which you have participated:

\_\_\_\_\_  
Offices you have held through your equine or agriculture related clubs (USE EXTRA SHEETS IF NECESSARY):

\_\_\_\_\_  
Awards received through your club activities (USE EXTRA SHEETS IF NECESSARY):

\_\_\_\_\_

**SCHOOL RELATED ACTIVITIES:**

Clubs or activities in which you have participated (USE EXTRA SHEETS IF NECESSARY):

\_\_\_\_\_

Awards or honors you have received (USE EXTRA SHEETS IF NECESSARY):

\_\_\_\_\_

**STATE OR LOCAL CLUBS/ACTIVITIES:**

Activities including government, community service, etc. (USE EXTRA SHEETS IF NECESSARY):

\_\_\_\_\_

**REFERENCES:**

Name: \_\_\_\_\_ Contact info: \_\_\_\_\_

Name: \_\_\_\_\_ Contact info: \_\_\_\_\_

Name: \_\_\_\_\_ Contact info: \_\_\_\_\_

**ACADEMIC INFORMATION:**

Numerical Average or cumulative GPA: \_\_\_\_\_ Expected date of graduation: \_\_\_\_\_

Intended career or course of study: \_\_\_\_\_

Where will you attend college (name of school, address, city, state) : \_\_\_\_\_

List names of educational institutions which you have attended, beginning with the most recent:

Name	Location	years attended	class rank

**FINANCIAL INFORMATION**

*Financial information provided on this application will remain confidential.*

Please explain your living arrangements:  Live with both parents     Single-parent household  
 guardian     Independent of parental support  
 other \_\_\_\_\_

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

Have you or your family either qualified or received any public assistance over the past year?  Yes  No

Please list specific reasons why you require financial assistance to attend school: \_\_\_\_\_

How do you intend to fund your education: \_\_\_\_\_

Have you applied for or received financial aid?  Yes  No

*Example: Grants or scholarships* Amount you will/have received: \$ \_\_\_\_\_

Please indicate which amount best describes **your family's** annual **gross** income reflected in US dollars:

< \$25,000  \$25,001 to \$50,000  \$50,001 to \$75,000  \$75,001 to \$100,000  >\$100,000

Please indicate which amount best describes **your family's** income after taxes and reflected in US dollars:

< \$25,000  \$25,001 to \$50,000  \$50,001 to \$75,000  \$75,001 to \$100,000  >\$100,000

### VERIFICATION BY APPLICANT:

I hereby certify the statements recorded in this application are true and accurate. I meet all requirements set forth by the PASO FINO HORSE FOUNDATION Youth Scholarship Selection Committee. I understand that if any statement presented in this application is untrue, I may be disqualified.

If selected as a recipient, I understand that I may be listed as a scholarship recipient in the *Paso Fino Horse World* and other Paso Fino related publications.

My signature of acceptance: \_\_\_\_\_ Date: \_\_\_\_\_

If applicant is 18 years or younger: \_\_\_\_\_ Date: \_\_\_\_\_

*Parent or guardian*

### COMPLETE AND RETURN APPLICATION AND SUPPORT MATERIAL TO:

**Paso Fino Foundation Scholarship Committee**  
**Attn.: Marcia Davis**  
**P.O. Box 1860**  
**Alachua, Florida 32616**