WNYQHCI Scholarship Application 2018

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 December 31, 2018. Faxes will not be accepted. Recipient will be announced at the annual banquet.

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: ____________

Guardian or Others Name: __________________________________
WNYQHCI membership date: ______________________
Phone: ( ) _______________ Email: ______________________________
Mailing Address: ________________________________________________
City: __________________________ State: ____________ Zip: ____________
Category I - 25% of total application score

Indicate Career Goal

______________________________________________________________________________

______________________________________________________________________________

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. ____________________________________________________________

   ______________________________________________________________________

2. _______________ _________________________________________________

   ______________________________________________________________________

3. _________ __________________________________________________________________

   ______________________________________________________________________

(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) ______________________
Awards:
Name of Horse: ______________ Year of Competition: __________
Awards: ______________________

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:

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<th>Year(s)</th>
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Fundraisers:

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Club hosted Show help:

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Other Club Activities:

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(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 WNYQHCC/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: _______________