



## **MFTHBA YOUTH SCHOLARSHIP APPLICATION**

### **Part I**

*The Missouri Fox Trotting Horse Breed Association's Youth Program shall award a scholarship to a graduating high school senior. The scholarship requirements and guidelines are:*

1. The graduating senior must attend a high school accredited by the state's Department of Education.
2. The senior's parent/legal guardian must be a current member in good standing of the Missouri Fox Trotting Horse Breed Association, and the senior must be a current MFTHBYA member and have been a member of the Youth Program for at least two years.
3. The scholarship will be in the amount of \$1,000.00, to be paid directly to the college, junior college, trade school or university in the amount of \$500.00 per semester to be applied toward tuition, books and/or the room and board of the student.
4. Selection will be made by the Youth Program Committee members.
5. The Committee will consider applicants' scholastic achievement, participation and leadership in school and community activities, citizenship, educational goals and involvement with the Missouri Fox Trotting horse.
6. In the event the scholarship recipient does not accept the scholarship by failing to enroll in a college, junior college, trade school or university by the fall following his or her graduation from high school, the scholarship will be awarded to the runner-up. Should the winner not continue on to the second semester, the remaining award will also be passed on to the runner-up.
7. Announcement of the name of the scholarship recipient will be made at his or her high school graduation as well as at the Spring Show.
8. Applications for the scholarship must be postmarked no later than April 1<sup>st</sup> prior to graduation. The selection will be made by April 15<sup>th</sup>.
9. All completed application forms (Parts II, III, and IV) are to be mailed to the Youth Program Committee by the school counselor.

Mail to: MFTHBA Youth Scholarship, P O Box 1027, Ava, MO 65608

Overnight to: MFTHBA Youth Scholarship, 1 Mile North Highway 5, Ava, MO 65608



## MFTHBA YOUTH SCHOLARSHIP APPLICATION Part II

I, \_\_\_\_\_, will graduate this spring from  
 (School) \_\_\_\_\_, (City) \_\_\_\_\_,  
 (State) \_\_\_\_\_ and plan to begin my continuing education no later  
 than the following fall. If I am selected as the recipient of this scholarship, I understand  
 that in order to accept this award, I must continue my education as specified in the  
 application or forfeit this benefit. I certify that the information provided in this application  
 is true and correct to the best of my knowledge. I also consent that the adult members  
 of the Youth Program Committee be fully informed as to my scholastic standing,  
 character and other factors having a bearing on this application.

Applicant's Full Name \_\_\_\_\_

Home Address \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian's Name(s) \_\_\_\_\_

Home Address \_\_\_\_\_ Years of MFTHBA

City/State/ZIP \_\_\_\_\_ Membership: \_\_\_\_\_

School Choice \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Admissions Phone # \_\_\_\_\_ Financial Aid Phone # \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ (Date) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ (Date) \_\_\_\_\_



## MFTHBA YOUTH SCHOLARSHIP APPLICATION

### Part III

- A. List school and community organizations to which you belong and any offices or honors held with appropriate dates. Include school accomplishments, awards and extracurricular activities in which you participated. If necessary, attach an additional sheet.

Organization Name	Positions or Offices Held	Dates of Membership
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
6.	6.	6.
7.	7.	7.
8.	8.	8.

- B. **Attach** one fully developed paragraph, written in your own handwriting, describing your goals for the future. Describe what you plan to do after college graduation, and explain how this scholarship will help you achieve your goals.
- C. **Attach** one fully developed paragraph, written in your own handwriting, telling of your interest, experience and activities with the Missouri Fox Trotter.

Missouri Fox Trotter

Youth

The Future of the Breed



M  
F  
T  
H  
B  
A  
Y  
A

## MFTHBA YOUTH SCHOLARSHIP APPLICATION Part IV

*This information is to be supplied **by the school counselor**. Counselors, please mail Part II, III and IV to: MFTHBA Youth Scholarship Program, P O Box 1027, Ava, MO 65608.  
Overnight to: MFTHBA Youth Scholarship, 1 Mile North Highway 5, Ava, MO 65608.  
**APPLICATIONS FOR THE SCHOLARSHIP MUST BE POSTMARKED NO LATER THAN APRIL 1<sup>ST</sup>.***

Applicant \_\_\_\_\_

ACT score: \_\_\_\_ SAT scores: \_\_\_\_V \_\_\_\_M  
Check here \_\_\_\_\_ if test scores do not apply to this applicant's school choice.

High School Graduation Date \_\_\_\_\_

High School Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

School Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

The committee would appreciate a brief statement concerning your evaluation of this applicant's citizenship and worthiness for scholarship consideration.

Counselor Signature: \_\_\_\_\_ (Date)

Please print name: \_\_\_\_\_