

**IOWA HORSE COUNCIL SCHOLARSHIP GENERAL APPLICATION**  
**Application and all supporting documents must be received by February 1<sup>st</sup>**

This application is for (check one): 1. Current high school senior \_\_\_\_\_ 2. Open \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Permanent Address:

\_\_\_\_\_

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

Present Address (If different from above):

\_\_\_\_\_

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

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

APPLICANT MUST BE AN ADULT, SINGLE MEMBER, IN GOOD STANDING WITH THE IOWA HORSE COUNCIL OR AN AFFILIATED ORGNAIZATION.

Did you participate/volunteer at the current year Iowa Horse Fair? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe: \_\_\_\_\_

Current year paid – Month: \_\_\_\_\_ Day: \_\_\_\_\_

Past Years of Membership: \_\_\_\_\_

Institution(s) to which you have been admitted for the fall semester:

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**DATE OF APPLICATION:** \_\_\_\_\_

**RETURN THIS COMPLETED FORM WITH ALL OTHER NECESSARY COMPLETED FORMS TO:**

**IOWA HORSE COUNCIL SCHOLARSHIP COMMITTEE**

c/o Rebecca Howe, Scholarship Chairperson, 1725 S 50<sup>th</sup> St, Unit 196, West Des Moines IA 50265-5489

**THE IOWA HORSE COUNCIL IS NOT RESPONSIBLE FOR LOST OR MISDIRECTED MAIL.**