

IOWA HORSE COUNCIL SCHOLARSHIP GENERAL APPLICATION
Application and all supporting documents must be received by February 1st

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 ORGANIZATION.

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

If yes, please describe: _____

Current year dues 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 50th St, Unit 196, West Des Moines IA 50265-5489

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