

**CAPITOL AREA QUARTER HORSE ASSOCIATION  
SCHOLARSHIP APPLICATION**

To be completed and returned to CAQHA's Scholarship Committee on or before March 31.  
Send to: Ginger Smith, CAQHA Scholarship, 120 Waycross Drive, Georgetown, TX 78628

(APPLICANT, PLEASE PRINT CLEARLY OR TYPE)

NAME \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
(Number and Street) (City) (State) (Zip Code)

BIRTH DATE \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_ - \_\_\_\_ - \_\_\_\_

HIGH SCHOOL \_\_\_\_\_ GRADUATION DATE \_\_\_\_\_  
(Name) (City) (State)

**Additional Attachments Required::**

- A copy of your most current transcript (High School and College – if applicable)
- Two recommendation letters from any combination of the following: Principal, teacher, high school counselor and/or community leader. Please include a phone number in letter.
- A brief description to the Scholarship Committee stating why you should be selected as a recipient of a CAQHA scholarship.
- A recent photo.

Describe your CAQHA participation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List awards and distinctions (Academic and Extracurricular)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your goals with regard to the education you are seeking:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The applicant herein agrees that the CAQHA Scholarship Committee may obtain any and all information including official transcripts, from the educational institutions identified herein. The applicant herein also gives the CAQHA Scholarship Committee permission to contact the individuals submitting letters of recommendation, should the Committee feel it appropriate to do so.

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