



<u>APPLICATION</u>

DEADLINE: MAY 31, 2020

Incomplete or late applications will not be accepted for consideration. Various support materials MUST be forwarded with this application. If you have any questions regarding the eligibility or requirements for the scholarship, please refer to the 2020 Paso Fino Foundation Youth Scholarship Guidelines.

APPLICATION INSTRUCTIONS:

Please type or print in blue	or black ink.		
Paso Fino Organization Membe	ership No.:	SSN:	
Applicant's Name:			Sex: Male Female
Address:		Dat	e of Birth:
City, State, Zip:			Age:
Phone:	_ E-mail:		_
Parent(s) or Legal Guardian(s):			PFHA NO.:
Occupation(s):			
PASO FINO ACTIVITIES:			
List the Paso Fino regional orga	ınization you have be	een or are a member of:	
Region		Yea	ars
List any Paso Fino programs in v	which you have parti	cipated:	
☐ Youth Mundial:		☐ Pasos for Pleasure	e, Years entered:
EQUINE/AGRICULTURE R	RELATED ACTIVIT	IES:	
In the space below, list any eq	uine or agriculture rel	lated clubs or activities in	which you have participated:
Offices you have held through	your equine or agric	ulture related clubs (USE E	EXTRA SHEETS IF NECESSARY):
Awards received through your	club activities (USE EX	XTRA SHEETS IF NECESSAR	Y):

SCHOOL RELATED ACTIVITIES: Clubs or activities in which you have participated (USE EXTRA SHEETS IF NECESSARY): Awards or honors you have received (USE EXTRA SHEETS IF NECESSARY): STATE OR LOCAL CLUBS/ACTIVITIES: Activities including government, community service, etc. (USE EXTRA SHEETS IF NECESSARY): REFERENCES: Name: _____ Contact info: _____ Name: _____ Contact info: ____ Name: _____ Contact info: _____ ACADEMIC INFORMATION: Numerical Average or cumulative GPA: ______ Expected date of graduation: _____ Intended career or course of study: _____ Where will you attend college (name of school, address, city, state): List names of educational institutions which you have attended, beginning with the most recent: Name Location years attended class rank FINANCIAL INFORMATION Financial information provided on this application will remain confidential.

Please explain your living arrangements: ☐ Live with both parents □ Single-parent household □ guardian □ Independent of parental support □ other _____

Number of siblings: _____ Ages: ____ Number of siblings in college: ____

Have you or your family either qualified or received any public assistance over the past year? ☐ Yes ☐ No

Please list specific reasons why you require financial assistance to attend school:
How do you intend to fund your education:
Have you applied for or received financial aid? ☐ Yes ☐ No Example: Grants or scholarships Amount you will/have received: \$
Please indicate which amount best describes your family's annual gross income reflected in US dollars:
□ < \$25,000 □ \$25,001 to \$50,000 □ \$50,001 to \$75,000 □ \$75,001 to \$100,000 □ >\$100,000
Please indicate which amount best describes your family's income after taxes and reflected in US dollars:
□ < \$25,000 □ \$25,001 to \$50,000 □ \$50,001 to \$75,000 □ \$75,001 to \$100,000 □ >\$100,000
VERIFICATION BY APPLICANT:
I hereby certify the statements recorded in this application are true and accurate. I meet all requirements set forth by the PASO FINO HORSE FOUNDATION Youth Scholarship Selection Committee. I understand that if any statement presented in this application is untrue, I may be disqualified.
If selected as a recipient, I understand that I may be listed as a scholarship recipient in the <i>Paso Fino Horse World</i> and other Paso Fino related publications.
My signature of acceptance: Date:
If applicant is 18 years or younger: Date:
Parent or guardian

COMPLETE AND RETURN APPLICATION AND SUPPORT MATERIAL TO:

Paso Fino Foundation Scholarship Committee Attn.: Marcia Davis P.O. Box 1860 Alachua, Florida 32616