

KEN FREEMAN MEMORIAL SCHOLARSHIP AWARD APPLICATION PROCESS

OBJECTIVE: The Ken Freeman Memorial Scholarship was established to provide opportunities for deserving ILQHA/ILQHYA members who wish to further their education in a college, university, or other institute of higher learning.

Scholarship criteria include academic merit, active involvement in the Illinois Quarter Horse Youth Association, community involvement and extracurricular activities. The scholarship amount will be \$500 per year.

Eligibility:

MUST meet all below requirements:

1. ILQHYA/ILQHA member in good standing and member for one full year (not including year of initial application);
2. Age limit – Age 19 (Age determined by Jan. 1 of year scholarship is awarded (i.e., 19 or younger as of January 1, 2019));
3. Member must apply during his or her senior year of high school or while accepted/enrolled at an accredited college, university or vocational school;
4. Cumulative grade point average of 3.0 on a 4.0 scale (or equivalent) in high school (everyone) AND at accredited college, university or vocational school (if available);
5. Scholarships are non-renewable. However, previous scholarship recipients **may** re-apply for the scholarship. The scholarship committee **may** take this factor into consideration.

Scholarship Process:

1. The scholarship application must be personally prepared by the applicant. In addition to the completed application, the applicant must provide:
2. An essay, not to exceed 500 words explaining:
 - a. Why this scholarship is important to the applicant;
 - b. How the applicant intends to use the scholarship funds; and
 - c. The applicant's ultimate goals; and
3. An official high school transcript (grades 10-11 mandatory, grade 12 to extent available on date of application). An official higher education transcript (if applicable)
4. Complete applications **MUST** be mailed to Pat Fewell by **November 1, 2018** for the 2018-2019 academic year. Incomplete applications may be denied.
5. A blind review will be done and selection made by the Freeman family members.

Mail applications to:

Pat Fewell
Illinois Quarter Horse Association
P.O. Box 8
Ashmore, IL 61912

Scholarship checks will be written to recipient from the Freeman Scholarship account. Recipient must sign acknowledgement that the funds will be used for tuition, book fees/costs, or other educational expenses related to his or her attendance at the accredited college, university, or vocational school.

KEN FREEMAN MEMORIAL SCHOLARSHIP AWARD APPLICATION

Applicant's Personal Information:

Name: _____ Date of Birth: _____

Social Security Number: _____

Illinois Quarter Horse Youth Member Number: _____

Phone: _____ Email: _____

Address: _____ City: _____

State: _____ Zip: _____

Educational Information:

Please Identify Your Career Goal: _____

How long will you be in school to achieve this goal? _____

Scholastic Record

Name of School

Location

Dates Attended

High School GPA adjusted to a 4-point scale: _____
(Please attach your official school transcript)

Class Rank _____ of _____

Higher Education GPA adjusted to a 4-point scale (if applicable): _____

Name of institution(s) to which you are applying/attending: _____

Horse Activities:

Illinois Quarter Horse Youth Association Activities (i.e., leadership and involvement)

_____ Year(s) _____
_____ Year(s) _____
_____ Year(s) _____
_____ Year(s) _____

All other breed, 4-H, or FFA memberships and years of membership

_____ Year(s) _____
_____ Year(s) _____
_____ Year(s) _____
_____ Year(s) _____

Extracurricular Activities:

Academic Activities

Honors/Awards _____ Year(s) _____
_____ Year(s) _____
_____ Year(s) _____

Community Activities

_____ Year(s) _____
_____ Year(s) _____
_____ Year(s) _____

Clubs _____

_____ Year(s) _____
_____ Year(s) _____
_____ Year(s) _____

Employment _____

_____ Year(s) _____
_____ Year(s) _____

_____ Year(s) _____
Are you a previous recipient of the Ken Freeman Memorial Scholarship: Yes: ____ No: ____

I have personally prepared this application and believe it to be correct:

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____ DOB: _____