



## KEN FREEMAN MEMORIAL SCHOLARSHIP AWARD APPLICATION

**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)
3. Member must apply during their 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 received by **March 1**. Incomplete applications may be denied. Applications can be submitted by email at [ilqhainfo@gmail.com](mailto:ilqhainfo@gmail.com) or postal service listed below.

ILQHA  
PO Box 27  
Wonder Lake, IL 60097

Scholarship checks written to recipient. 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.

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## **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**

<u>Name of School</u>	<u>Location</u>	<u>Dates Attended</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

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) \_\_\_\_\_

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\_\_\_\_\_ 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*

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: \_\_\_\_\_

