



## 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 (i.e., 19 or younger as of January 1, 2022));
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 **November 1, 2021**. Incomplete applications may be denied.

ILQHA  
1862 E Belvidere Rd. Suite 353  
Grayslake, IL 60030

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: \_\_\_\_\_

