

**IOWA HORSE COUNCIL SCHOLARSHIP GENERAL APPLICATION
MUST BE POSTMARKED BY FEBRUARY 15 OF CURRENT YEAR**

This application is for (check one):

1. Current high school senior____ 2. Renewal____ 3. Open____ (does not fit #1 or #2)

NAME_____

SOCIAL SECURITY NUMBER_____ BIRTH DATE_____

PERMANENT ADDRESS_____

_____ PHONE_____

PRESENT ADDRESS (IF DIFFERENT FROM ABOVE) _____

PHONE_____ FAX_____ E-MAIL_____

***THE APPLICANT MUST BE AN INDIVIDUAL MEMBER, IN GOOD STANDING,
WITH THE IOWA HORSE COUNCIL.***

CURRENT YEAR PAID – MONTH OF _____, DAY_____

PAST YEARS OF MEMBERSHIP_____

INSTITUTION(S) TO WHICH YOU HAVE BEEN ADMITTED FOR THE FALL

SEMESTER: _____

SIGNATURE OF APPLICANT_____

DATE OF APPLICATION_____

**RETURN THIS COMPLETED FORM WITH ALL OTHER NECESSARY COMPLETED
FORMS TO:
IOWA HORSE COUNCIL
SCHOLARSHIP
BARB ZUKOWSKI
3397 - 265TH ST
ST CHARLES, IA 50240**