

IOWA HORSE COUNCIL SCHOLARSHIP GENERAL APPLICATION
Must be postmarked by DECEMBER 1st of current year

This application is for (check one): 1. Current high school senior _____ 2. Open _____

Name: _____ Birth Date: _____

Permanent Address: _____

_____ Phone: _____

Present Address (If different from above): _____

_____ Phone: _____

E-mail: _____

APPLICANT MUST BE AN ADULT, SINGLE MEMBER, IN GOOD STANDING, WITH THE IOWA HORSE COUNCIL.

Did you participate/volunteer at the current year Iowa Horse Fair? _____ Yes _____ No

If yes, please describe: _____

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
Cathy Murray
1216 E Girard Ave
Indianola, IA 50125