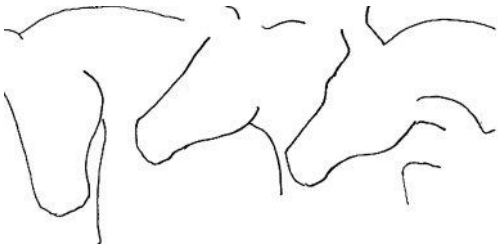
NEW MEXICO HORSE COUNCIL FOUNDATION

P.O. Box 10513
Albuquerque, NM 87184-0513



SCHOLARSHIP APPLICATION

The NM Horse Council Foundation Scholarship is awarded to a graduating NM high school senior upon acceptance and enrollment in a post-secondary educational program. Scholarship funds will be disbursed directly to the educational institution upon proof of enrollment.

The basis for selection includes: demonstration of academic excellence, demonstrated personal character and initiative, contribution to the horse community, demonstrated commitment to horses and others, demonstrated leadership and/or involvement with horses that benefited others more than self, and writing skills. A sample evaluation rubric is available from the NMHC Foundation.

ELIGIBILITY: Scholarship is open to graduating high school seniors in New Mexico.

APPLICATION REQUIREMENTS:

1. Two Letters of Recommendation (letter from relative is unsuitable):
    a. One from a teacher or school official
    b. One from an adult horseperson from the NM horse community
2. Certified copy of academic transcript
3. Statement identifying your academic achievements
4. Statement identifying your community activities and examples of leadership
5. One Essay – Discuss how your involvement with the horse community has benefited you and influenced your educational and life goals. (200 – 300 words).

Scholarship winner will be required to provide social security number and proof of enrollment in post-secondary educational institution prior to distribution of award to the institution.

DEADLINE FOR APPLICATION: April 1

LATE OR INCOMPLETE APPICATIONS WILL NOT BE CONSIDERED.

The scholarship recipient will be notified by a member of the NMHC Foundation board. Notification of award will be provided to the winner's high school prior to graduation.

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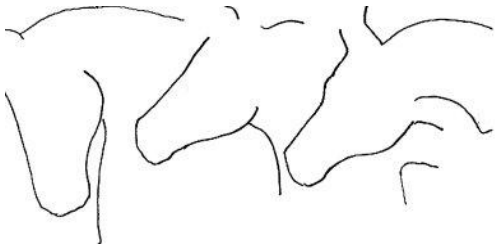

SCHOLARSHIP APPLICATION

Name: _____ Phone: _____

Address: _____

_____

High School: _____

Post-Secondary Educational Program/School: _____

Address of Post-Secondary School: _____

_____

Post-Secondary School Contact Phone: _____

Semester/Year: _____

Letters of Recommendation Information:

Teacher or School Official: Name: _____

Address: _____

_____

Phone: _____

Horse Community Adult: Name: _____

Address: _____

_____

Phone: _____

By signing below, I certify that the information provided in this application is true to the best of my knowledge.

Signature: _____ Date: _____