



Connecticut Horse Shows Association Scholarship Application

Date: _____

Instructions for completing application. Applicant must be a current member of CHSA.
(If you submit any information on a disk, please enclose hard copy also.)

1. Answer all items.
2. Please submit:
 - A personal letter explaining in detail your reasons for further education and goals you wish to accomplish. (Goals need not be horse related.)
 - Please submit an essay of about 300 words stating how you got involved in the horse show world.
 - A Letter from the Guidance Director of your school pertaining to school activities, etc. (The letter may be sent directly to the Scholarship Chairman.)
 - A record of your scholastic standing from your school (transcript of credits) plus a listing of any extra activities.

Information about you

Name in full _____

Address _____

Phone Number _____ Date of birth _____

Mother, Father or Guardian's name _____

Place of employment and position _____

What school are you now attending? _____ Grade level _____

What is your (approximate) class rank? _____ Have you been on the honor roll? _____

List extracurricular activities and offices held in high school:

List extracurricular activities and offices held in organizations outside of high school:

College and Financial information:

List colleges to which you have applied and their cost (room, board, tuition and other fees)

If you have been accepted to any of the above colleges, please list them

In what field do you plan to major in college? _____

Anticipated Income

(Best estimate for the school year)

| | |
|---|----------|
| Other scholarships for which you have applied | \$ _____ |
| Other scholarships you have received | _____ |
| Summer or other employment | _____ |
| From parent or guardian | _____ |
| From savings | _____ |
| From other sources | _____ |

Total anticipated income \$ _____

Anticipated Expenses

(Best estimate of expenses for the school year)

| | |
|-------------------|----------|
| Room and board | \$ _____ |
| Tuition | _____ |
| Fees and expenses | _____ |

Total anticipated expenses \$ _____

I respectfully request that the above information be reviewed and a scholarship be awarded to me for the coming academic year. If an award is made to me and I do not attend college for the date specified, the granting of the award will be void.

Signed: _____ Approved: _____
Applicant Parent or Guardian

Date: _____ Date: _____

(Attach sheet for any additional information)

Applications must be returned no later than **July 1**.

Return to: Richard Freeman
135 South Main Street
Wallingford, CT 06492

For any questions, please call Richard Freeman at 203-269-9172

Incomplete applications will not be considered.
It is the applicant's responsibility to see that the Scholarship Chairman receives all information requested on this form.