



The New York State Horse Council

2019 Youth Scholarship Application

The New York State Horse Council (NYSHC) awards a one-thousand dollar (\$1,000.00) scholarship yearly to a NYSHC individual member (age 16-24 years old within given year) who is attending a collegiate horse related program or a professional certification program (Parelli, John Lyons, farrier, etc.). Applications are due May15th of the current year. They will be evaluated by the Scholarship Committee and the recipient will be notified by June 1st of the same year and funds will be paid directly to the program of study.

Date _____

Name of Applicant _____

Member of NYSHC ____yes ____no (must be a member or join to be eligible for scholarship)

Member of _____ Chapter (if applicable)

Address _____

Phone(s) _____

E-Mail _____

Date of Birth _____

College or Certification Program you are entering (please provide contact information for the program as well as payee information) _____

Date of enrollment _____

Amount of scholarship requested (up to \$1,000) and cost of certification program if applicable

Career Aspirations

Along with this completed application please provide the following:

1. 300 words or less on what you have contributed to the horse industry, what you would like to contribute following your graduation or certification and why you should receive this scholarship.
2. 2 letters of recommendation, one from a non-family member in the horse industry and the second from an academic reference.
3. One or more photos of the applicant.
4. Affirmation and Agreement to the Terms of the Scholarship

All applications must be received by May 15, 2019.

Mail application to: Debbie Schiraldi, NYSHC Scholarship Committee
275 Beattie Road
Washingtonville, NY 10992

Or email application to: DebbieSchiraldi@yahoo.com

Affirmation and Agreement to the Terms of Scholarship

Initial By signing below you agree,

_____ that all of the information provided in this application is true to the best of your knowledge;

_____ that you are granting permission to the New York State Horse Council to use the materials and information submitted herein, including your name, likeness and College or certification program, in publications and solicitation materials or as otherwise deemed appropriate by the New York State Horse Council;

_____ additionally, you grant the New York State Horse Council permission to contact _____(hereinafter "the Institution") to confirm the information submitted in this application and to provide payment to the Institution in the event a scholarship is awarded. Similarly, you grant the Institution permission to release educational/ program registration information to the New York State Horse Council;

_____ you agree to contact and inform the New York State Horse Council of all pertinent information. In addition, you agree to notify the New York State Horse Council if any changes are made to the information which you have already submitted. If you choose to cancel your participation or fail to participate fully in the program for which the scholarship is awarded, you will relinquish all rights to personal ownership of the scholarship funds. You agree to undertake all reasonable means to assist the New York State Horse Council in receiving any refund due in the event that you do not participate in the program or if you do not complete the program; and

_____ you understand that the scholarship award is a one-time grant (although you may reapply for subsequent scholarships) and will not automatically be renewed.

I have read and fully understand and agree to the foregoing affirmation and terms of scholarship.

Signature

Date

Print Name

Signature of Parent or Guardian if under 18

Date