



Mark Larscheidt Memorial Scholarship Program 2018 Application Form

This form is to be completed by the applicant and returned to:
Debbie Treadwell 4368 37th St NW Maple Lake, MN 55358 and
POSTMARKED ON OR BEFORE May 15, 2018
All required elements must be sent with your application in one envelope.

Year _____ (Scholarship will be awarded for the fall semester for the college year beginning in the fall of 2018)

1. Applicant: _____
(Please print or type name in full)

2. Home address: _____

Telephone (_____) _____ Email _____ Date of Birth _____

Name and address of school or college you are now attending: _____

3. Region 10 club(s) you belong to (if applicable) _____
(A copy of your current membership card(s) in a Region 10 AHA club is required, only IF APPLICABLE.)

4. Year of school (this fall): Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate school ___
Field in which you plan to major/are majoring: _____
If you are a high school senior, indicate name and address of school or college you plan to attend as an incoming freshman

Anticipated college costs for the coming year:	Total	\$ _____
	Tuition	\$ _____
	Room & Board	\$ _____

5. College entrance exam scores from tests you took **(A photocopy of exam results is required.)**

ACT _____

SAT _____

Other _____

6. Schools attended **(A photocopy of each transcript is required.)**

A. Secondary school(s) _____

Date(s) of graduation _____ Scholastic Average _____ (based on 4.0 scale)

Class Rank _____ Class Size _____

B. Higher institutions attended (colleges, technical schools, etc.): **(A photocopy of each transcript is required.)**

Name of school or college	Dates of Attendance	Credit hours earned	Scholastic Average (based on 4.0 scale)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. List any college scholarships you have previously received, by year, name and value:

8. Are you or will you be a candidate for any other scholarship(s) this year? If yes, explain:

9. *** Occupation & financial information is required.**

Name of parents or guardian: _____

Address of parents or guardian: _____

*Father's occupation: _____ *Adjusted Gross Income _____

*Mother's occupation: _____ *Adjusted Gross Income _____

Number and ages of brothers and sisters: _____

How many brothers/sisters will be attending college during the school year beginning this fall? _____

*Student's adjusted gross income _____

*Spouse's adjusted gross income, (if married) _____

10. Explain your need for financial assistance: (attach separate sheet if necessary)

11. Describe your equine related activities: (attach separate sheet if necessary)

12. Record of leadership experiences: (kinds of activities, offices held, special activities, etc.) (Attach a separate sheet if necessary.)

13. Statement indicating reasons for your decision to study in the field you have chosen:

Signature of Applicant: _____