



Mark Larscheidt Memorial Scholarship Program 2019 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, 2019**

All required elements must be sent with your application in one envelope.

(Documents should be submitted in a large flat envelope, not folded and not stapled together.)

Year _____ (Scholarship will be awarded for the fall semester for the college year beginning in the fall of 2019)

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: _____