



Region 10 Scholarship Program 2024 Application Form

Please check which Scholarship(s) you are applying for:

____ Mary Ann Grinnell Scholarship

____ Mark Larscheidt Scholarship

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

Home Address: _____

Telephone: (_____) _____

Email: _____

Date of Birth: _____

Name of High School or College you are attending now: _____

Address of school or college you are now attending: _____

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.)

Name of the Club President you belong to: _____

Email address for Club President: _____

Year of school (this fall): Freshman ____ Sophomore ____ Junior ____ Senior ____ Graduate school ____

Field in which you plan to major/are majoring in: _____

Why did you decide to study the field you have chosen: _____

If you are a high school senior, indicate name and address of school or college you plan to attend as an incoming freshman.

Name of College: _____

Address of College: _____

Anticipated college costs for the coming year: Total Cost: \$ _____

Tuition: \$ _____

Room & Board: \$ _____

College entrance exam scores from tests you took (**A photocopy of exam results is required if you took the test.**) **If you were not able to take the test due to COVID, please note this:**

ACT _____

SAT _____

Did not take due to going Test Optional for applications: _____

Additional high Schools that you attended (**A photocopy of each transcript is required.**)

Secondary school(s) _____

Date(s) of graduation _____

CUM GPA _____ (based on 4.0 scale) Is this GPA Weighted _____ unweighted _____

Class Rank _____ Is this Rank Weighted _____ unweighted _____

Graduating Class Size _____

Higher institutions attended (colleges, technical schools, etc.): (**A photocopy of each transcript is required.**) **This includes PSEO if applicable.**

Scholastic Average
(based on 4.0 scale)

Name of school or college Dates of Attendance Credit hours earned

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

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

Name of parents/guardian: _____

Address of parents or guardian: _____

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

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

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

Number and ages of brothers and sisters: _____

How many siblings will be attending college during the school year beginning this fall? _____

*Applicants adjusted gross income: _____

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

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

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

Describe your activities and involvement in the Arabian community:

Describe your involvement in your Arabian Club:

What have you done to help promote the Arabian Horse? If you feel you have not promoted your Arabian horse, how can we as an Arabian Community help to promote the Arabian horse to other horse enthusiasts?

If there was one thing to get the youth more involved in the Arabian community, what would that be and how could we as a community go about making that happen:

Please list all Leadership experiences:(kinds of activities, offices held, special activities, etc.) (Attach a separate sheet if necessary.)

Please list all Honors and awards received for school or extracurricular activities: (A resume is fine in place of this).

Is there anything else that you would like the Scholarship committee to know about you?

Thank you for applying for the Region 10 Scholarship(s).

Signature of Applicant: _____

Date: _____