

PINTO HORSE

ASSOCIATION OF AMERICA, INC.

SCHOLARSHIP APPLICATION MUST BE POSTMARKED BY JAN. 15, 2025

Pinto Youth/Phil Sandusky Scholarship (Youth and Amateur) Pat Walliser Memorial Scholarship (Youth only) Orren Mixer Memorial Scholarship (Youth only) John Abrams Memorial Scholarship (Youth only) Billike Cousins Memorial Scholarship (Youth only) Lens & Pauline Bilke Memorial Scholarship (Youth Only) Chere Kirkbride Memorial Scholarship (Youth only) Long Ear Registry Scholarship (Youth Only) Gerald Milburn & Doris Ann Hays Memorial Scholarship (Youth Only) Gerald Milburn & Doris Ann Hays Memorial Scholarship (Youth Only) Gerald Milburn & Doris Ann Hays Memorial Scholarship (Youth Only) Gerald Milburn & Doris Ann Hays Memorial Scholarship (Youth Only) Carl Cousins Scholarship (Youth Only) C	I am applying for:(check those	e that apply):		*Must be a current me	ember to apply.		
Name:	☐ Orren Mixer Memorial Sch☐ Billie Cousins Memorial Sch☐ Rick McMasters Memorial ☐ Cheree Kirkbride Memoria	nolarship (Youth only) cholarship (Youth only) l Scholarship (Youth w/j ll Scholarship (Youth on	udging background)	☐ John Abrams Me☐ Len & Pauline B☐ Long Ear Registr	emorial Scholarshi ilke Memorial Sch ry Scholarship (Yo	p (Youth only) nolarship (Youth Only) outh Only)	
Address: City: State: Zip: Country: Phone No.: E-mail: Social Security No.: Date of Birth: Section II. Financial Information Father/Guardian Name: Net Income: Net Income: Net Income: Net Income: Net Income: Spouse Name (if Amatuer): Net Income: Spouse Name (if Amatuer): Net Income:	Section I. Personal Infor	mation					
City: State: Zip: Country:	Name:			Pt	HA Member No.	:	
Phone No.:	Address:						
Social Security No.:	City:	State:	Zip:	Country: _			
Section II. Financial Information Father/Guardian Name: Occupation: Employer: Net Income: Spouse Name (if Amatuer): Cocupation: Employer: Net Income: Spouse Name (if Amatuer): Cocupation: Employer: Net Income: Employer: Net Income: Employer: Net Income: Employer: Tuition Expenses From Relatives Tuition Scholarships/Grants Housing Loans Meals Social Security, Welfare, or Veteran Personal Earnings or Savings Miscellaneous	Phone No.:		F	E-mail:			
Father/Guardian Name: Occupation: Employer: Net Income: Mother/Guardian Name: Occupation: Employer: Net Income: Spouse Name (if Amatuer): Occupation: Employer: Net Income: Employer: Net Income: How many people will be receiving financial support from your parents/spouse/guardian (including yourself): Estimate YOUR annual financial resources for education Income From Relatives Tuition Scholarships/Grants Housing Loans Meals Social Security, Welfare, or Veteran Personal Earnings or Savings Miscellaneous	Social Security No.:		I	Date of Birth:			
Occupation: Employer: Net Income: Mother/Guardian Name: Employer: Net Income: Net Income: Net Income: Spouse Name (if Amatuer): Employer: Net Income: Net Inco	Section II. Financial Info	ormation					
Mother/Guardian Name:	Father/Guardian Name:						
Occupation: Employer: Net Income: Spouse Name (if Amatuer): Occupation: Employer: Net Income:	Occupation:		Employer:	Net Income:			
Spouse Name (if Amatuer):	Mother/Guardian Name:						
Occupation: Employer: Net Income: How many people will be receiving financial support from your parents/spouse/guardian (including yourself): Estimate YOUR annual financial resources for education Income	Occupation:		Employer:	Net Income:			
How many people will be receiving financial support from your parents/spouse/guardian (including yourself): Estimate YOUR annual financial resources for education	Spouse Name (if Amatuer):						
Estimate YOUR annual financial resources for education Income Expenses Tuition Scholarships/Grants Housing Loans Meals Social Security, Welfare, or Veteran Personal Earnings or Savings Miscellaneous	Occupation:		Employer:		Net Income:		
Income From Relatives Tuition Scholarships/Grants Housing Loans Meals Social Security, Welfare, or Veteran Personal Earnings or Savings Miscellaneous	How many people will be recei	ving financial support fr	om your parents/spous	e/guardian (including y	ourself):		
From Relatives Tuition Scholarships/Grants Housing Loans Meals Social Security, Welfare, or Veteran Transportation Personal Earnings or Savings Miscellaneous	Estimate YOUR annual finan	cial resources for educa	tion				
Loans Meals Social Security, Welfare, or Veteran Transportation Personal Earnings or Savings Miscellaneous				Tuition	Expenses —		
Social Security, Welfare, or Veteran Transportation Personal Earnings or Savings Miscellaneous	Scholarships/Grants			Housing	_		
Personal Earnings or Savings Miscellaneous	Loans			Meals	_		
	Social Security, Welfare, or Vet	eran		Transportation	_		
Total for one year Total for one year	Personal Earnings or Savings			Miscellaneous	_		
	Total	l for one year		То	tal for one year		



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Section III. Questions (answers must be typed or printed on a computer, typewriter or word processor – may be lists or paragraphs as appropriate)

- A. Academic Achievements:
 - 1. GPA and grading scale
 - 2. Rank in class and class size
 - 3. ACT score and/or SAT score
 - 4. Academic honors and awards
- B. Involvement with the Pinto Horse Association of America, Inc.
 - 1. Charter and National Activities
- C. Community Involvement
 - 1. 4-H, FFA, church, etc. any organizaiton other than PtHA
- D. Leadership Experience
 - 1. Offices held, committees served on, etc.
- E. Employment History
 - 1. Name of employer(s), No. of hours worked per week
- F. Honors and Awards
 - 1. Other than academic
- G. Educational Plans
 - 1. Name of school(s) you have applied to or been accepted
 - 2. Course of study you plan to pursue
 - 3. Degrees you plan to obtain

Section IV. Essay Question

How has the Pinto Horse Association of America, Inc. or a specific Pinto influenced your life? (limit 500 words)

Section V. Transcripts

Enclose an official copy of your high school or college transcript.

Section VI. Recommendations

Enclose two letters of recommendation. One must be from a teacher or counselor. Letters from relatives will not be accepted.

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Scholarship Checklist:				
—— Financial need and personal information sheet				
——— Answers to questions A-G				
Essay				
Official transcript				
— Two letters of recommendation				
I certify that all sections of this application are accurate and true. All sections are complete and enclosed in this envelope. Applicant Signature:				
If under 18, Parent or Guardian Signature:	_ Date:			