

# *Missouri Paint Horse Club*

## MPHC SCHOLARSHIP

**Applicants must be Missouri Paint Horse Club member in previous two years and year applying.**

**Applications should be received by July 1 of the year applying. Mail to MPHC Scholarship Committee, c/o Greg Tambke, 2606 State Road AA, Holts Summit, MO 65043**

**Scholarship will be awarded at the Missouri State Fair Show.**

### **Applicant's Personal Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **Family Information**

Father's Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Category I

Indicate Career Goal: \_\_\_\_\_

How long will you be in school to achieve this goal? \_\_\_\_\_

**Write an essay detailing your long-range personal and career goals. Maximum of 250 words.**

High School GPA: \_\_\_\_\_

College Entrance Exam Score:

ACT: \_\_\_\_\_ SAT: \_\_\_\_\_ Other: \_\_\_\_\_

Name(s) of college(s) or school(s) to which you have or are applying in order of preference:

1. \_\_\_\_\_ 2. \_\_\_\_\_

## Category II

1. List all Horse-related activities in which you participated as well as any offices you've held or received.

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**Write an essay detailing what paint horses have meant and do mean to you. Maximum of 500 words.**

## Category III

### References

The applicant must have submitted on his/her behalf at least three (3) reference forms. These forms must be sent, separate from the application, directly to the MPHSC Scholarship Committee by the individual making the reference and must be written on the approved form (see next page). List those you have requested to write references.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

## PERSONAL CHARACTER REFERENCE FORM

Applicant's Name: \_\_\_\_\_

For how long and in what capacity have you known the applicant?

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Please rate the applicant as candidly as possible based upon the personal characteristics and code listed below. Circle the correct number.

1- Excellent

2- Good

3- Average

4- Poor

5- No Evidence

N-No Basis for Judgement

1. Maturity

a. shows sense of responsibility

1 2 3 4 5 N

b. works hard to do a job well

1 2 3 4 5 N

c. show self-confidence

1 2 3 4 5 N

2. Interpersonal Relations

a. demonstrates genuine concern for others

1 2 3 4 5 N

b. relates to broad spectrum of persons

1 2 3 4 5 N

c. communicates well

1 2 3 4 5 N

3. Leadership

a. shows strong leadership ability

1 2 3 4 5 N

b. wins enthusiastic support from others

1 2 3 4 5 N

4. Cooperation

a. takes & uses constructive criticism

1 2 3 4 5 N

b. takes direction well

1 2 3 4 5 N

c. works well with others

1 2 3 4 5 N

Please make any additional comments you think would be helpful in evaluating this applicant as a candidate for the Missouri Paint Horse Club Scholarship. Attach a separate sheet if desired.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_