

# TWHBEA

## Undergraduate Scholarship Application

The Tennessee Walking Horse Breeders' and Exhibitors' Association will award a total of eight scholarships for a total of \$20,000. The scholarships will be awarded based on academic performance (30%), extracurricular activities (30%), equine activities (30%), and financial need (10%). Scholarship recipients are eligible to use the award for undergraduate or graduate educational expenses at the College, Junior College, University or Trade School of their choice.

### **Eligibility Requirements:**

1. Must be a member of TWHBEA for 18 months prior to application deadline: June 15.
2. Cannot apply for the scholarship before junior year of high school.
3. Cannot be over the age of 24 (undergraduate requirement only).

### **Application Deadline: June 15**

**Applications and all supplemental information (i.e. transcripts, references) must be postmarked by June 15. Applications and materials that contain a later postmark will not be considered for review.**

### **Application Requirements:**

1. The application **MUST** be typed. (You are able to type directly on this form online and print.) When extra space is needed to complete answers on the application, please include additional sheets of paper. (Additional pages are located at the end of this form.)
2. You **MUST** include a head and shoulders photograph of yourself with your application. The photograph should be of a quality for reproduction in publications. Photographs must be color and a minimum of 3" x 5" in size, maximum of 8" x 10".
3. High School/College Transcripts: An official copy of your high school transcript and college transcript **MUST** be sent directly from the school. **Copies from the applicant will not be accepted.**
4. College/Graduate School Entrance Exams: If not included on high school/college transcript, a copy of entrance exam reports **MUST** be sent with your completed application.

**Note:** The financial information section of the application requests estimates of financial requirements and support. *Further documented financial information may be required.*

This application is for the TWHBEA **Undergraduate** Scholarship.

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

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

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

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

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Social Security #: \_\_\_\_\_

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

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

Career Goals: \_\_\_\_\_

College, Junior College, University, or Trade School currently attending or planning to attend:

\_\_\_\_\_

College, Junior College, University, or Trade School currently attending or planning to attend:

\_\_\_\_\_

**Educational Background:** *(list schools attended, most recent first)*

School: \_\_\_\_\_

Location: \_\_\_\_\_

Date attended: \_\_\_\_\_

School: \_\_\_\_\_

Location: \_\_\_\_\_

Date attended: \_\_\_\_\_

School: \_\_\_\_\_

Location: \_\_\_\_\_

Date attended: \_\_\_\_\_

School: \_\_\_\_\_  
Location: \_\_\_\_\_  
Date attended: \_\_\_\_\_

School: \_\_\_\_\_  
Location: \_\_\_\_\_  
Date attended: \_\_\_\_\_

College Grade Point Average: \_\_\_\_\_

High School Grade Point Average: \_\_\_\_\_

High School Class Ranking: \_\_\_\_\_

College Entrance Exam Score (report any which have been taken):

ACT: \_\_\_\_\_

SAT: \_\_\_\_\_

Other \_\_\_\_\_

**Extracurricular Activities:**

*(Attach additional sheets as needed.. Additional pages are located at the end of this form.)*

1. List school and civic clubs and associations you have been involved in. (4-H, FFA, Student Government, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. List offices and leadership roles held in school, community, civic clubs, associations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. List personal achievements, honors, and awards received.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Describe your involvement and accomplishments in equine activities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Describe your involvement in the TWHBEA.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**Year joined TWHBEA:** \_\_\_\_\_

**Financial Information:**

Please comment on your financial need and the support you will receive from parents, guardians, or others. \_\_\_\_\_

Estimated annual cost of education: \_\_\_\_\_

Financial support by applicant: \_\_\_\_\_

Financial support from parents/guardians: \_\_\_\_\_

Graduate Assistantship or Stipend: \_\_\_\_\_

Student Loans: \_\_\_\_\_

Other Scholarships: *(please list)* \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Number of Siblings: \_\_\_\_\_

# Currently attending college: \_\_\_\_\_

**References:**

At least two (2) letters of recommendation, on behalf of the applicant, **MUST** be submitted to TWHBEA. Required letters to include:

1. one (1) from a TWHBEA member; 4-H, FFA, civic or community leader
2. one (1) from applicant's high school principal, counselor, advisor or college faculty member

Reference letters should be sent **DIRECTLY** to:

TWHBEA Scholarship Program

P. O. Box 286

Lewisburg, TN 37091-0286

List those who have been requested to send letters of recommendation. (**Note: The letters must be postmarked by June 15.**)

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

All scholarship information will be held in strictest of confidence. All applications and supporting materials become the property of TWHBEA and will not be returned.

The information in this application is true and accurate to the best of my knowledge.

Signature of applicant: \_\_\_\_\_

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

**Local Press Release:**

Please include the name and address of your local newspaper. If you are chosen as a recipient of a TWHBEA Scholarship, a press release will be sent along with your photo to the newspaper.

Name of Paper: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Questions?

For additional applications or questions, call Paulette Ewing at (931) 359-0593.

**Application Deadline:  
June 15**



