

Tri-County Buffalo Rangers Saddle Club
Memorial Scholarship
in honor of
Samuel Hawkins and Patrick Schroeder

Guidelines

1. Club finances will be reviewed annually by the saddle club to determine if sufficient funds beyond regular expenses exist to provide the scholarship; should finances in their judgment be inadequate, no scholarship will be awarded for the current year.
2. Scholarship amount shall be \$100.
3. The scholarship check shall be made out to the school; sent to the registrar of the college, trade, or vocational school the recipient will be attending; and applied to the student's account (tuition, books, fees, etc.).
4. Scholarship funds must be used for summer or fall enrollment immediately following high school graduation.
5. The selection committee shall consist of the saddle club application committee and current board members. In case of a tie vote, an interview may be necessary to select a recipient.
6. Priority will be given, but not limited to seniors who plan to continue their education in the equine or livestock fields.
7. Evidence of achievement in the form of a transcript, including proof of a cumulative grade point average of a C or higher and attendance shall be provided.
8. A typed statement not to exceed one page in length of your educational plans and career goals is required. In judging this item, spelling, appearance and depth of plans and goals will be considered.
9. Two letters of recommendation are required. These reference letters may include verification of appropriate attitude, outstanding abilities, sincerity of purpose, and/or character or personality. Letters should include the addresses and phone numbers of the individuals providing the recommendations.
10. Completed applications must be returned to the guidance office by the end of March.

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I hereby make application for the Tri-County Buffalo Rangers Saddle Club Memorial Scholarship.

I intend to enroll in (name of post-secondary school) _____ for the term beginning _____

in (month and year)

I plan to graduate from North Shelby High School in May of (year) _____.

Name of Applicant _____

Social Security Number _____

Phone Number _____

Home Address _____

County _____

Length of Residence in County _____

Name of Parents/Guardian _____

Address _____

Is anyone dependent on you for support? Yes No

Check the following items that indicate how you plan to pay for your expenses not covered by scholarship:

Money furnished by family

Summer earnings

Student Employment

Other means

Please submit two reference letters (i.e. previous teachers, guidance counselors, principals, coaches, previous employers). Include the address and phone number of each reference.

List any awards, honors received or special achievement.

List extra-curricular activities, community involvement, clubs and organizations, work experience, leadership roles, etc.

Student Signature

Date