

# SCHOLARSHIP INSTRUCTIONS AND RULES

## OQHRA Scholarships

**Deadline for Application Postmark: January 31, 2024**

1. The Oklahoma Quarter Horse Racing Association (OQHRA) Scholarship is for young people planning to make a career in the quarter horse or thoroughbred business, preferably, but not limited to the racehorse industry. Scholarship recipients' chosen career field may include, but again are not limited to, training, veterinary, track or farm management, breeding, marketing, diagnostics, journalism, research, etc. Applicants may reside in any U.S. state and are not required to hold any equine association memberships.
  - A. Recipient must be enrolled full time (at least 12 credit hours) in an accredited college or university for the Fall Semester of 2024, and the Scholarship Directors must receive proof of this enrollment to disburse scholarship funds for the fall semester.
  - B. Recipient must be legally residing in the U.S. and in good standing with Local, State and U.S. laws.
  - C. Recipient may be i) graduating 2024 high school senior, ii) college freshman, sophomore, junior or senior in the fall semester of 2024, or iii) accepted into and enrolled in veterinary school in the fall of 2024. Other graduate degree plans will be considered on an individual basis.
2. The following information (A through F), unless designated as "Optional," **MUST ACCOMPANY** the Applicant's completed Application Form in the manner described, or the application will be rejected. **For copying purposes, please leave all pages loose or in a paper clip; do not put in binder, sheet protector, folder, etc.**
  - A. Typed introductory letter written by Applicant.
  - B. Three (3) type written letters of reference, not to be submitted by relatives or guardians, which include the following information: A) how well writer knows Applicant and for how long, and B) verifiable first-hand knowledge of Applicant's activities. One (1) letter must be from a high school (or college, if applicable) teacher/ school administrator and at least one (1) letter must be from a professional member of the Equine Industry, who is to document his/her position in the industry (example: "Breeding Manager at RolyPoly Farm Maple City, Vermont").
  - C. Recent Certified High School Transcript (or certified College Transcript, if applicable).
  - D. A 495-525 word, typewritten, double-spaced, single-page essay titled "**Why I Want To Be Part of the Equine Industry and What I Hope to Accomplish.**" Applicant's name or family name is not to appear on or within the essay. Please make this essay fit one page.
  - E. Recent 3" X 5" color photograph (head & shoulders only) for publication purposes (will not be returned).
  - F. *(Optional)* Attachments documenting activities, awards, etc. will be accepted, but must be typewritten and concise, **and are limited to 2 additional pages.** Do not repeat awards and accomplishments.
3. If the recipient chooses to postpone higher education and not enter college full-time for Fall Semester of 2024, the recipient is to contact the Executive Director of the Oklahoma Quarter Horse Racing Association to discuss the reason for this decision and the recipient's future plans. If the recipient does NOT contact the OQHRA by January 31, 2024 with this information, the scholarship may be forfeited.
4. If the recipient is found to have furnished false information in any required component of this Scholarship Application, the scholarship may be forfeited.

**This Scholarship is made possible by the Oklahoma Quarter Horse Racing Association**

### **Scholarship Fund Managed and Disbursed by:**

Oklahoma Quarter Horse Racing Association

(Krissy Bamberg, Executive Director)

Post Office Box 2907

Edmond, OK 73083

WWW.OQHRA.COM

Scholarship Application Form for the



Oklahoma Quarter Horse Racing Association

PLEASE COMPLETE ALL INFORMATION - TYPE OR PRINT

General Information:

Applicant Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_

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

City/St/Zip: \_\_\_\_\_

Phone Number(s) \_\_\_\_\_ Fax Number \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

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

Marital Status:  Never Married  Married  Divorced  Separated  Widow(er)

Do you have any children? Yes No

If yes, give sex & age of each \_\_\_\_\_

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

Father's Full Name \_\_\_\_\_

[Custodial] Parent(s) Address: \_\_\_\_\_

Parent(s) City/St/Zip \_\_\_\_\_

Are you a U.S. Citizen? (circle one) Yes No

If not, from what country is your citizenship? \_\_\_\_\_

Are you the recipient of any other scholarships or grants? (circle one) Yes No

If yes, name scholarships/grants and amounts: \_\_\_\_\_

Financial Information (this information will remain confidential):

Are you independent and living on your own? Yes No

Do you provide for another dependent? Yes No

Do you live at home with both parents? Yes No

Do you live in a single-parent household? Yes No (see below)

Is your single parent your  Mother  Father  Other (provide details) \_\_\_\_\_

Does any other party provide support to you? Yes No

If yes, name party \_\_\_\_\_ Amt. per year\$ \_\_\_\_\_

Are you claimed as a dependent on any Federal Income Tax return? Yes No

Whose? \_\_\_\_\_

Do you receive a monthly check from the U.S. government? Yes No

If yes, amount per month \$ \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Job Title \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Job Title \_\_\_\_\_

Guardian's Place of Employment \_\_\_\_\_ Job Title \_\_\_\_\_

If you are currently employed, please name employer \_\_\_\_\_

Employer's City, St \_\_\_\_\_ Employer's Phone \_\_\_\_\_

List specific reasons why you require financial assistance to attend school: \_\_\_\_\_

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

**Academic Information: OQHRA Page 2**

Intended Career Path \_\_\_\_\_ Proposed Major \_\_\_\_\_

Year of High School Graduation \_\_\_\_\_ If not in college, give date you will become a full-time college student \_\_\_\_\_

Name of High School \_\_\_\_\_ City, St \_\_\_\_\_

High School numerical average or cumulative GPA: \_\_\_\_\_ Are you enrolled in honors classes? Yes No

Name of the college/trade school you plan to attend \_\_\_\_\_

Are you currently attending college/trade school? Yes No If Yes, check one: \_ Full-Time (12+ hrs.) \_ Part-Time

Class Rank (Freshman, Sophomore, etc.) \_\_\_\_\_ College GPA: \_\_\_\_\_

College/Trade School Name \_\_\_\_\_ City, St \_\_\_\_\_

Expected Date of Graduation \_\_\_\_\_ Will you attend graduate school? Yes No

If you will attend graduate school, give planned degree & area of study \_\_\_\_\_

**You may attach no more than 2 other pages to further document the following information. Please be specific. If we don't know which club or activity you are referring to, you will not receive credit for it.**

**Activities (other than school)** List activities you have undertaken that help define you as a person: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**School Activities** School clubs & extracurricular activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**National, State or Local Clubs/Activities** related to your college major or field of study: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other Activities (volunteer work, job, seminars, etc.)** related to your college major or field of study: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THIS APPLICATION IS TO BE ACCOMPANIED BY:**

- A) Certified High School Transcript, B) Certified College Transcript if applicable, C) Single-page, double-spaced, typewritten 495-525 word essay titled "Why I Want to Be Part of the Equine Industry and What I Hope to Accomplish," D) Three (3) letters of reference, specifically one (1) from a high school/college teacher/school administrator and at least one (1) from a professional member of the equine industry; F) Current photo (head & shoulders) for publication purposes, and G) Typewritten letter of introduction.

**Verification by Applicant (if you did not receive separate Scholarship Instructions, notify us immediately):**

I hereby certify the statements recorded in this application are true and accurate, and that I meet all the requirements set forth in the OQHRA Scholarship Instructions and Rules. I understand if any statement presented in this application is untrue, I may be disqualified. If selected as a recipient, I understand that I may be listed on or in various equine-related web sites and/or publications. My signature verifies I agree with and accept the information printed above.

Print your name as you wish to have it published \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**RETURN THIS APPLICATION TO:**  
**Oklahoma Quarter Horse Racing Association**  
**Post Office Box 2907 Edmond, Oklahoma 73083**