



# New York State Horse Council

## Adult Grant Application

The New York State Horse Council (NYSHC) awards a one-thousand dollar (\$1,000.00) scholarship yearly to a NYSHC individual or family member (age 25 years and older in the given year) who is attending a collegiate horse related program or a professional certification program (Parelli, John Lyons, farrier, etc.). Applications are due May 15th of the current year. They will be evaluated by the NYSHC Committee and the recipient will be notified by June 1<sup>st</sup> of the same year and funds will be paid directly to the program of study.

Grant Application Year You Are Applying For: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Member of NYSHC \_\_\_\_yes \_\_\_\_no (must be a member or join to be eligible for grant)

Member of: \_\_\_\_\_ Chapter (if applicable)

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

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

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

E-Mail: \_\_\_\_\_

College or Certification Program you are entering (please provide contact information for the program as well as for the payee)

\_\_\_\_\_ [L] [SEP]

\_\_\_\_\_ [L] [SEP]

Date of enrollment: \_\_\_\_\_

Amount of scholarship requested (up to \$1,000) and cost of certification program if applicable

\_\_\_\_\_

\_\_\_\_\_

Career Plans \_\_\_\_\_

\_\_\_\_\_

Along with this completed application please provide the following:

1. Contribution Essay, 300 words or less on what you have contributed to the horse industry, what you would like to contribute following your graduation or certification and why you should receive this scholarship.
2. Two letters of recommendation, one from a non-family member in the horse industry and the second from a character reference.
3. We request the applicant submit one or more photos of themselves should they be awarded the Scholarship.
4. Affirmation and Agreement to the Terms of the Scholarship

All applications must be received by May 15.

Send Application to: Allison Frey, NYSHC Scholarship Committee  
4172 Clover Street  
Honeoye Falls, NY 14472

OR

Email: [allison.frey@nyshc.org](mailto:allison.frey@nyshc.org)

Affirmation and Agreement to the Terms of Scholarship

Initial By signing below you agree,

\_\_\_\_\_ that all of the information provided in this application is true to the best of your knowledge;

\_\_\_\_\_ that you are granting permission to the New York State Horse Council to use the materials and information submitted herein, including your name, likeness and College or certification program, in publications and solicitation materials or as otherwise deemed appropriate by the New York State Horse Council;

\_\_\_\_\_ additionally, you grant the New York State Horse Council permission to contact \_\_\_\_\_ (hereinafter "the Institution") to confirm the information submitted in this application and to provide payment to the Institution in the event a scholarship is awarded. Similarly, you grant the Institution permission to release educational/ program registration information to the New York State Horse Council;

\_\_\_\_\_ you agree to contact and inform the New York State Horse Council of all pertinent information. In addition, you agree to notify the New York State Horse Council if any changes are made to the information which you have already submitted. If you choose to cancel your participation or fail to participate fully in the program for which the scholarship is awarded, you will relinquish all rights to personal ownership of the scholarship funds. You agree to undertake all reasonable means to assist the New York State Horse Council in receiving any refund due in the event that you do not participate in the program or if you do not complete the program; and

\_\_\_\_\_ you understand that the scholarship award is a one-time grant (although you may reapply for subsequent scholarships) and will not automatically be renewed.

I have read and fully understand and agree to the foregoing affirmation and terms of scholarship.

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

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

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