



**WALKING HORSE TRAINERS ASSOCIATION /**

**GLENN C. DOWELL FAMILY**

**SCHOLARSHIP**

**DEADLINE: JULY 1, 2014**

**RULES AND REGULATIONS:**

1. An applicant must be a high school graduate and not over 21 years of age.
2. An official sealed transcript must be attached to application.
3. Applicant must submit a recent photo.
4. Applicant may re-apply if not selected.
5. These scholarships are for use at a college or university.
6. An essay must be submitted detailing, but not limited to, the applicant's involvement in the Walking Horse industry.
7. Applicant must be a child of a member or employee of W.H.T.A.
8. Applicant may only win this scholarship one year.
9. Amount of Scholarships shall be announced - To be paid to applicant's school of choice.
10. Board of Directors of W.H.T.A. shall have final approval.

This application will be professionally evaluated. The criteria for evaluation will be as follows - scored on a scale of 1 to 5:

1. **Academic Achievement:** Rank in class, ACT or SAT scores, Grade Point Average, Academic awards or organizations.
2. **Extracurricular Achievements:** Activities involved in and awards.
3. **Citizenship Achievements:** Leadership positions (elected or appointed), Community or church involvements.
4. **Contributions to the Walking Horse Industry past and present.**
5. **Financial need:** Not a determining factor but a consideration.

For further W.H.T.A. Scholarship information, contact:

**Scholarship Committee**

**W.H.T.A.**

**P. O. Box 61, Shelbyville, TN 37162**

**931/ 684-5866 or Fax: 931/ 684-5895**



P. O. Box 61  
Shelbyville, TN 37162

**SCHOLARSHIP APPLICATION**

**DEADLINE: JULY 1, 2014**

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Parent's Name \_\_\_\_\_

Name of High School or College (Currently enrolled)  
\_\_\_\_\_

Address of High School \_\_\_\_\_

Name of College or University where scholarship will be used:  
\_\_\_\_\_

Address where scholarship check should be mailed (if selected):  
\_\_\_\_\_  
\_\_\_\_\_

Grade Point Average \_\_\_\_\_ on a scale of \_\_\_\_\_

ACT \_\_\_\_\_ SAT \_\_\_\_\_

Rank in Class \_\_\_\_\_ out of \_\_\_\_\_

Extracurricular Activities: List positions held by election or appointment, honors, awards, and employment data. Include additional information on separate sheet or include in essay.

Estimated Family Income:

_____ less than \$15,000	_____ \$30,000 to \$35,000
_____ \$15,000 to \$20,000	_____ \$35,000 to \$40,000
_____ \$20,000 to \$25,000	_____ \$40,000 to \$50,000
_____ \$25,000 to \$30,000	_____ over \$50,000

Number in family \_\_\_\_\_ Number living at home \_\_\_\_\_

Does your family currently support other college students? \_\_\_\_\_

If yes, how many? \_\_\_\_\_

Planned Major: \_\_\_\_\_

Future Plans: \_\_\_\_\_

Submit an essay detailing (but not limited to) your involvement with Tennessee Walking Horses along with a photograph of yourself.

\*\*Failure to submit all requested information could result in application not being accepted. \*\*

Please mail application and information to:

**SCHOLARSHIP COMMITTEE  
WALKING HORSE TRAINERS ASSOCIATION, INC.  
P. O. BOX 61  
SHELBYVILLE, TENNESSEE 37162**