



APPLICATION

DEADLINE: MAY 31, 2021

Incomplete or late applications will not be accepted for consideration. Various support materials MUST be forwarded with this application. If you have any questions regarding the eligibility or requirements for the scholarship, please refer to the 2021 Paso Fino Foundation Youth Scholarship Guidelines.

APPLICATION INSTRUCTIONS:

Please type or print in blue	or black ink.		
Paso Fino Organization Membe	ership No.:	SSN:	
Applicant's Name:			Sex: Male Female
Address:		Date of Birth:	
City, State, Zip:			Age:
Phone:	E-mail:		_
Parent(s) or Legal Guardian(s):			PFHA NO.:
Occupation(s):			
PASO FINO ACTIVITIES: List the Paso Fino regional organical Region	-		ars
List any Paso Fino programs in v	which you have participa	ated:	
☐ Youth Mundial:		☐ Pasos for Pleasure	e, Years entered:
EQUINE/AGRICULTURE F	RELATED ACTIVITIES	:	
In the space below, list any eq	uine or agriculture relate	d clubs or activities in	which you have participated:
Offices you have held through	your equine or agricultu	re related clubs (USE E	XTRA SHEETS IF NECESSARY):
Awards received through your	club activities (USE EXTRA	A SHEETS IF NECESSARY	′):

SCHOOL RELATED ACTIVITIES: Clubs or activities in which you have participated (USE EXTRA SHEETS IF NECESSARY): Awards or honors you have received (USE EXTRA SHEETS IF NECESSARY): STATE OR LOCAL CLUBS/ACTIVITIES: Activities including government, community service, etc. (USE EXTRA SHEETS IF NECESSARY): REFERENCES: Name: _____ Contact info: _____ Name: _____ Contact info: ____ Name: _____ Contact info: _____ ACADEMIC INFORMATION: Numerical Average or cumulative GPA: ______ Expected date of graduation: _____ Intended career or course of study: _____ Where will you attend college (name of school, address, city, state): _____ List names of educational institutions which you have attended, beginning with the most recent: Name Location years attended class rank FINANCIAL INFORMATION Financial information provided on this application will remain confidential.

Please explain your living arrangements:

Live with both parents

Single-parent household

guardian

Independent of parental support

□ other _____

Number of siblings: _____ Ages: ____ Number of siblings in college: _____

Have you or your family either qualified or received any public assistance over the past year? ☐ Yes ☐ No

Please list specific reasons why you require financial assistance to attend school:
How do you intend to fund your education:
Have you applied for or received financial aid? ☐ Yes ☐ No Example: Grants or scholarships Amount you will/have received: \$
Please indicate which amount best describes your family's annual gross income reflected in US dollars:
□ < \$25,000 □ \$25,001 to \$50,000 □ \$50,001 to \$75,000 □ \$75,001 to \$100,000 □ >\$100,000
Please indicate which amount best describes your family's income after taxes and reflected in US dollars:
□ < \$25,000 □ \$25,001 to \$50,000 □ \$50,001 to \$75,000 □ \$75,001 to \$100,000 □ >\$100,000
VERIFICATION BY APPLICANT:
I hereby certify the statements recorded in this application are true and accurate. I meet all requirements set forth by the PASO FINO HORSE FOUNDATION Youth Scholarship Selection Committee. I understand that 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 as a scholarship recipient in the Paso Fino Horse World and other Paso Fino related publications.
My signature of acceptance: Date:
If applicant is 18 years or younger: Date:
Parent or guardian

COMPLETE AND RETURN APPLICATION AND SUPPORT MATERIAL TO:

Paso Fino Foundation Scholarship Committee Attn.: Marcia Davis P.O. Box 1860 Alachua, Florida 32616