

SOA OF NY/YONKERS RACEWAY SCHOLARSHIP

2018-2019 APPLICATION

Applicant must complete this form in its entirety and return to:

Standardbred Owners Association Scholarship Fund
733 Yonkers Ave, Suite 102
Yonkers, NY 10704

Application must be postmarked no later than May 31, 2018

PART 1 – PERSONAL INFORMATION

NAME: _____

DATE OF BIRTH: _____

PERMANENT ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

FATHER'S NAME: _____

MOTHER'S NAME: _____

ARE EITHER OF YOUR PARENTS CURRENTLY LICENSED AS A HARNESS HORSE
DRIVER, TRAINER OR CARETAKER? _____ if yes what state(s) _____

ARE EITHER OF YOUR PARENTS 2018 SOA OF NY MEMBERS? _____

ARE YOU A 2018 SOA OF NY MEMBER? _____

PART 2 – EDUCATION AND EXPERIENCE

NAME AND ADDRESS OF SCHOOL YOU WILL BE ATTENDING IN FALL 2018:

DEGREE YOU WILL BE PURSUING: _____

LIST ALL SCHOOLS YOU HAVE ATTENDED - HIGH SCHOOL AND/OR COLLEGE(S)

Name of School	Year started	Year finished	degree if applicable

*Submission of an official high school transcript and a certified transcript of any post high school study is required with this application

LIST ALL SCHOLASTIC HONORS AND ACHIEVEMENTS YOU HAVE RECEIVED IN THE PAST 4 YEARS

LIST ALL SPORTS, GROUPS, CLUBS, COMMUNITY OR VOLUNTEER ACTIVITIES YOU HAVE PARTICIPATED IN THE PAST 4 YEARS

LIST YOUR EMPLOYMENT HISTORY

Employer	To:	From:	Paid or Unpaid

WHAT ARE YOUR TOTAL COSTS FOR TUITION, HOUSING AND BOOKS ESTIMATED TO BE FOR THE SEMESTER BEGINNING SEPTEMBER 2018?

WHAT ARE YOUR ESTIMATES FOR HOW THESE COSTS WILL BE MET?

FROM PARENTS \$ _____

FROM SAVINGS \$ _____

FROM EARNINGS \$ _____

FROM STUDENT LOANS \$ _____

FROM GRANTS OR SCHOLARSHIPS \$ _____

PLEASE PROVIDE THE NAMES, ADDRESSES AND PHONE NUMBERS OF THREE INDIVIDUALS THAT WE MAY CONTACT FOR REFERENCES

1. _____

2. _____

3. _____

PART 3 – STATEMENTS

WHAT ARE YOUR CAREER GOALS?

TELL US BRIEFLY WHY YOU FEEL YOU SHOULD BE CHOSEN AS THE SOA OF NY SCHOLARSHIP RECIPIENT

YOU MUST SUBMIT A CERTIFIED TRANSCRIPT OF YOUR ENTIRE HIGH SCHOOL CAREER AND A CERTIFIED TRANSCRIPT OF ANY POST HIGH SCHOOL STUDY.

PLEASE SIGN AND DATE THE FOLLOWING DECLARATION:

“I certify that all of the information provided on this application is complete and accurate.”

Signature _____ Date _____

*an award if any is in the sole discretion of the members of the Scholarship Committee and all applications will be reviewed blindly without any identifying information as to the applicant or his/her family