Sandia Rice

Scandia Riders Saddle Club

Scholarship Application

Application Deadline:

July 15 of the application year

| Application year: | | | | |
|--|---------------------|-------------------|---------------|-----------|
| Date: | | | | |
| Name: | | Phone: _() | | |
| Address:Street or Route | | City | State | Zip |
| Parent or Guardian (if under 18) |): | | | |
| Parent/Guardian Address: | | | | |
| Planned Field of Study: | | | | |
| Name of School/College to be a | attended: | | | |
| Activities: List organizations, of List any special away | <u> </u> | ou are or have be | een a member. | |
| Name of Organization | Years Active | Offices He | eld/Awards Ro | eceived |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| All information requested i | | | | y July 15 |
| of the application year in or | rder to be consider | ed for this scho | olarship. | |
| Mail to: | | | | |
| Scandia Riders Saddle Cl PO Box 14 Scandia, MN 55073 | ub | | | |