MEGAN'S MEMORY SCHOLARSHIP FOUNDATION
APPLICATION FORM

APPLICATION INSTRUCTIONS

Scholarship presentation held during the All American Youth Barrel Race will award selected recipients.

Deadline for application is May 1 thru May 25- No Exceptions.

Megan's Memory Scholarship Foundation and All American Youth Race are not affiliated organizations.

Please type or print legibly in blue or black ink in the spaces provided.

APPLICANT INFORMATION

Full Name of Applicant: _____ ___MALE ___FEMALE

Home Address: _____

Street or PO Box City State Zip Code

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Email: _____

MOTHER/GUARDIAN INFORMATION

Mother/ Guardian Name: _____ ___LIVING ___DECEASED

Mother's Address: _____

Street or PO Box City State Zip Code

Mother's Home Phone: _____ Cell Phone: _____

FATHER/GUARDIAN INFORMATION

Father/ Guardian Name: _____ ___LIVING ___DECEASED

Father's Address: _____

Street or PO Box City State Zip Code

Father's Home Phone: _____ Cell Phone: _____

ACADEMIC INFORMATION

HIGH SCHOOL OR HOME SCHOOL SENIORS FILL OUT THIS PORTION

Name of High School: _____

City and State: _____ Phone Number: _____

Institute you plan to attend: _____

City and State: _____ Phone Number: _____

Proposed College Major, Minor or Trade: _____

Estimate Annual Academic Expenses: $_____ (fees, tuition, books and campus housing)

Have you enrolled or signed a letter of intent: ___Yes ___No

Are you applying for any other scholarships, grants or financial aid? ___Yes ___No

If yes, list those sources and include the dollar amount:

_____
_____
_____
_____
_____

CURRENT COLLEGE/ UNIVERSITY/ VOCATIONAL/ TRADE SCHOOL ATTENDEES FILL OUT THIS PORTION

High School Name: _____ City and State: _____

Institute you currently attend: _____

City and State: _____Phone Number: _____

Course of Study: _____

Estimate Annual Academic Expenses: $_____ (fees, tuition, books and campus housing)

Estimated time of graduation: _____

Are you receiving other scholarships, grants or financial aid? ___Yes ___No

If yes, list those sources and include dollar amount:

_____
_____
_____
_____
_____

List of any barrel racing accomplishments you wish to share:

_____
_____
_____
_____
_____
_____
_____

List any personal accomplishments you wish to share:

_____
_____
_____
_____
_____
_____
_____

I hereby certify that the statements recorded in the application are accurate. I meet the individual scholarship requirements set forth by Megan's Memory Scholarship Foundation. I have provided a reference, transcript, essay, and will be a pre-entered contestant at the All American Youth Barrel Race. I understand that all decisions made by Megan's Memory Scholarship Foundation Board are final and in no way affiliated with the All American Youth Barrel Race. I accept the terms set forth by the board, organizers and or any persons connected with the scholarship. I also understand if any statement presented in the application is untrue, I may be disqualified.

Applicant Signature: _____ Date: _____

Print Name of Parent of Guardian: _____

Parent or Guardian Signature: _____ Date: _____

MEGAN'S MEMORY SCHOLARSHIP FOUNDATION

LETTER OF RECOMMENDATION

Applicant Name: _____

Thank you for taking time to assist the evaluation of this applicant

Reference Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Signature: _____ Date: _____

How long have you known this individual, and in what capacity?

Describe why you believe this person is deserving of a scholarship.