



AMERICAN CUTTING HORSE ASSOCIATION

P O Box 2443

Brenham, TX 77834

979-836-3370

[www.achacutting.org](http://www.achacutting.org)

Applicant's Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_  
City State Zip

Application Deadline: ACHA Youth Scholarship Applications must be received by the ACHA office no later than August 15, 20\_\_

Application Submittal - ACHA Youth Scholarship Applications must be submitted to:

American Cutting Horse Association

Youth Scholarship Committee

P.O. Box 2443

Brenham, TX 77834

1. Are you currently a member of the ACHA? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, how many years? \_\_\_\_\_
2. Is your Parent or Guardian currently an ACHA officer, director or Youth Scholarship Committee member? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Are you currently engaged in the care and exhibition of a cutting horse(s)?  
Yes \_\_\_\_\_ No \_\_\_\_\_. If Yes, how many years? \_\_\_\_\_
4. Have you previously been involved in the care and exhibition of a cutting horse(s)?  
Yes \_\_\_\_\_ No \_\_\_\_\_. If Yes, list the years in which you were involved. \_\_\_\_\_
5. What is your current secondary school classification? (Check one)  
High School Junior \_\_\_\_\_ as of (date) \_\_\_\_\_  
High School Senior \_\_\_\_\_ as of (date) \_\_\_\_\_  
High School Graduate \_\_\_\_\_ as of (date) \_\_\_\_\_  
College \_\_\_\_\_ as of (date) \_\_\_\_\_

6. List the name of your high school of enrollment or graduation and its address.
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7. Were you less than twenty-one (21) years of age on January 1, \_\_\_\_\_? Yes \_\_\_\_ No \_\_\_\_  
(Confirmation of age will be required if selected.)
8. Are you now, or have you ever been married? Yes \_\_\_\_ No \_\_\_\_
9. State your high school, and if applicable, your college GPA. \_\_\_\_\_
10. List your high school and/or college academic achievements. (Include appropriate dates and years. Attach separate page if necessary.)
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11. List your high school and/or college extra curricular and work activities. (Include appropriate dates and years. Attach separate page if necessary.)
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12. If known, or if currently enrolled, list the name of the major college or university, junior college, or accredited trade or technical school you will attend. (Include city and state.)
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13. Explain your short-term plans for your education.
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14. Describe the degree to which you feel this Youth Scholarship is needed to assist you in your pursuit of a higher level of education.

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15. Have you received or do you expect to receive any other scholarship(s)? Yes \_\_\_ No \_\_\_  
If yes, list the scholarship(s) and amounts received or expected to be received.

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16. State any other financial information and/or needs you feel may be pertinent to your application.

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17. All applicant finalists may be interviewed by representatives of the ACHA Youth Scholarship Committee. Do you understand and agree to abide by this condition?  
Yes \_\_\_ No \_\_\_

I certify that my statements and answers above and attached to this application are true and correct. I have read and understand the scholarship stipulations, which follow:

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Please attach a copy of school transcript or last report card with this application.



Scholarship Stipulations:

All applications are required to be fully completed, signed, dated and received by the date stated above. Statements or information given which prove to be false shall disqualify an applicant.

Scholastic and academic achievements, extra curricular and work activities, as well as financial need, shall be the criteria for selection of a recipient or recipients. Financial need shall be a consideration but shall not be the primary factor in determining the recipient or recipients.

Payment of an ACHA Youth Scholarship shall be made in a single payment for the face amount of the scholarship as established by the Board of Directors of the ACHA. Actual disbursement of the scholarship funds shall occur when the ACHA receives written proof of recipient enrollment in a major college or university, junior college or accredited trade or technical school. No interest shall accrue for the benefit of the recipient(s) on the scholarship funds from the time the scholarship(s) is awarded until the disbursements of funds actually occurs. If a scholarship remains unclaimed by a recipient at the end of three years after the date of award, such funds shall revert to the ACHA Youth Scholarship Fund for its sole use and benefit as determined by the ACHA Board of Directors.

Any applicable taxes are the responsibility of the Youth Scholarship recipient(s).

Date received by the ACHA Office \_\_\_\_\_ By \_\_\_\_\_



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Phone: 979-836-3370

LETTER OF RECOMMENDATION ON BEHALF OF THE APLICANT FOR ACHA YOUTH SCHOLARSHIP. (Must be received in the ACHA office no later than July 1

Name of individual making recommendation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name of individual being recommended: \_\_\_\_\_

How long have you known applicant? \_\_\_\_\_

Which one of the following categories do you fall under: (Please circle one.)

College Advisor      Principal      Counselor      Teacher      ACHA Member

ACHA Affiliate Officer      Other \_\_\_\_\_

Please indicate why you feel this applicant should receive an ACHA Youth Scholarship. (Attach additional pages if necessary.)

Signature: \_\_\_\_\_