Hoof Trimmers Association Youth Scholarship



Applicant Information:

Applicant's Name:				
Address:				
City:	State:	Postal Code:	Country:	
Telephone:	Email:			
Parent's Name:				
Local paper to be notifi	ied if awarded	scholarship:		
School/University you p	olan to attend:_			
Area of Study/Major:		Career field you pla	Career field you plan to pursue:	
High School Students:		College Stud	dents:	
Size of Class:	Current Class:			
Rank in Class:	ss: GPA:			
GPA:		College Atte	ending:	
Name of High School:				
Explain (use additional Leadership:				
Extra-Curricular Ac	tivities:			
Job/Work Experien	ce:			
Submit with application	n form:			
☐ Essay		_	High resolution headshot as a jpg file. <i>Do not</i> embed in another file.	
☐ Most recent transcr	Most recent transcripts			