

ALBERTA BARREL RACING ASSOCIATION

SCHOLARSHIP APPLICATION INFORMATION

The ABRA was established in 1996 to promote the sport of barrel racing by providing competitions in which each horse and rider has an equal opportunity to be competitive at her/his own level. Any current member in good standing may apply for a scholarship. The scholarships are to be applied towards expenses incurred while attending a college, university, trade school, or any post secondary educational institution.

To Accompany This Application Form:

- 1) Two (2) Sealed Letters of Personal Reference: Indicating the length of time the writer has known the applicant and specifics concerning the applicant's work habits, personality, goals/ambitions, contributions to society, etc. Family members may not be used.
- 2) Two (2) Sealed Letters of Reference from Volunteer Organizations (Eg. 4H, ABRA, Church, and School): Indicating the length of time the applicant has volunteered and in what capacity.
- 3) Copy of Grade 12 transcript
- 4) Letter of Intent by Applicant: Revealing the applicant's intentions and ambitions in pursuing a post secondary education. Please indicate what drew you to this avenue of study, how you plan to achieve your goal, and how you plan to use your education in the future. (Minimum 250 – 500 words - typed).

THE DEADLINE FOR APPLICATIONS IS JUNE 1 2019

- Applicants will be notified by September 15 2019 of their status.
- Scholarship presentations will be made at the annual ABRA finals.
- Scholarships are limited to one per member but if not selected they may apply a second time.
- All scholarships carry a one year expiry date. If the scholarship is not used by that date, the money will be reintroduced into the scholarship fund.
- Recipients must provide a confirmation of enrolment from their institution in order to receive their funds. Cheques will be made payable jointly to the institution AND recipient and will be released upon confirmation.
- Minimum one (1) \$1,000.00 scholarship per year will be awarded.

Please mail scholarship applications to:

ABRA Scholarship Committee

C/O April Tunke

BOX 356

SEVEN PERSONS AB

T0K 1Z0

ABRA SCHOLARSHIP APPLICATION FORM

Name: _____ Phone: _____

Address: _____

City: _____ Postal Code: _____

Email: _____

Date of Birth: _____

Years with ABRA: _____

Other Associations and Activities: _____

Last High School Attended: _____

Name and Address of Post Secondary Institution you plan to attend: _____

Semester Start Date: _____

Program Type (certificate, diploma or degree): _____

Name of Certificate, Diploma or Degree Program (no abbreviations): _____

Signature

Date

OFFICE USE ONLY

Date Received

Reference Number