

**NEW ENGLAND WESTERN SEAT / REINING SEAT EQUITATION
COMMITTEE**

SCHOLARSHIP AWARD APPLICATION

(Please print or type clearly)

Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Telephone: (home) _____ Other: _____

Date of Birth: _____

Name and address of school now attending: _____

Date of Graduation from High School: _____

Name and address of college or vocational school that you hope to attend: _____

Date(s) and show(s) at which you qualified for the 2014 New England Finals:

Judge at the above show(s): _____

Name and address of trainer: _____
_____ Telephone _____

Your Signature: _____

In an effort to know you better, we request that you answer the questions attached. Please type your answers. Attach additional pages if necessary so your answers are presented in a logical, easy to read form. The completed forms need to be received at least 14 days prior to the published medal finals date.

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North Smithfield, RI 02896
judgecam@aol.com
Fax # 1-401-762-1628

