

NEW ENGLAND HORSEMEN'S COUNCIL

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: _____

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 please return the completed application by October 1st of the current show season.

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