

# Missouri Quarter Horse Association

## William Crouch Memorial Scholarship

### Scholarship Application Information Sheet

**Purpose:** To provide an opportunity for deserving students who are associated with the Missouri Equine industry to further their education in schools or institutions of their choice.

**Application:** Competition is open to all high school seniors. One scholarship will be awarded annually. Additional scholarships may be awarded if adequate funding is available. Applications for prospective applicants may be obtained from the Missouri Quarter Horse Association (MQHA) website at [www.moqha.com](http://www.moqha.com) or from the MQHA executive director, Linda Murphy at 573-579-8840

**Deadline:** These forms should be completed and returned by **May 15** of the graduating year to:

Missouri Quarter Horse Association  
Attn: Scholarship Committee  
700 South Rangeline Road  
Columbia, MO 65201

**Qualifications:** (Listed in order of importance)

1. Active participation in the Missouri Equine Industry (such as, but not limited to, Missouri Quarter Horse Youth Association (MQHYA), Missouri 4-H, Missouri FFA). The applicant must be a member of MQHYA for 2 years prior to the submission on application. The applicant will also need to provide proof of participation in an equine organization.
2. Scholastic record
3. Sportsmanship and General Character
4. Financial need
5. Participation in the Fall Festival All Youth Horse Show
6. Applicant's desire for higher education
7. Winner(s) must be eligible for admission to and must enroll in selected school or institution, for the upcoming year.

**Requirements:**

1. Membership in the MQHYA for 2 years prior to application
2. Proof of participation in an equine organization that applicant is currently involved in.
3. Official transcript for school presently attending

All information received in the scholarship application will be treated in strict confidence. The scholarship committee will be appointed by the MQHA. Final decisions are at the discretion of the MQHA Scholarship Committee and may include an interview process.

# Missouri **Q**uarter Horse Association Scholarship

Name of Applicant: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name of Parents: \_\_\_\_\_

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

\_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Name of current school: \_\_\_\_\_

Grade point average: \_\_\_\_\_

ACT/SAT Test Score: \_\_\_\_\_

Do you have a career in mind? \_\_\_\_\_

If so, what plans are you making to achieve this career goal? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and address of school you plan to attend? \_\_\_\_\_

\_\_\_\_\_

- On a separate sheet of paper, write an essay (500 words or less) on how your involvement with the Missouri Quarter Horse Youth Association or other equine organization will help you to achieve your career goals.
- Fill out the list of academic, community service and extracurricular activities.
- Have one letter of recommendation filled out and mailed directly to MQHA.

**Please list your top 10  
Academic, Community Service, and Extracurricular Activities**

	Activity	9	10	11	12	Position Held (If Any)	Appointed or Elected?	Hours Per	wk/mo /yr	# Of Members	Please indicate duration: one time or recurring event
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											



**Recommendation for the Missouri Quarter Horse Association Scholarship**

**Applicant Name:** \_\_\_\_\_

Thank you for taking the time to provide information on behalf of the above named scholarship applicant. Your input will be weighed heavily by members of the MQHA Scholarship Committee as they evaluate each applicant's qualifications for an MQHA Scholarship. Please complete the information below and return this form directly to the MQHA office by May 15.

	1	2	3	4	5
Initiative					
Cooperation					
Work Habits					
Leadership					
Personal Adjustment					
Responsibility					

Please attach a letter to record your comments about this applicant. Please also include how long and in what capacity you have known this applicant. Please include information about any special personal qualities, interests, abilities or achievements that you feel should be considered.

**Name of person completing this recommendation:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **e-mail:** \_\_\_\_\_

MQHA 700 South Rangeline Road, Columbia Mo 65201  
573-864-9481