Tryon Riding & Hunt Club
College Scholarship Application

Date of Application: _____

Full Name: _____

Address: _____

Phone number: Home _____ Cell _____

Email: _____

Birth Date: _____

Mother's Name: _____

Father's Name: _____

School Currently Attending (HS or College):_____

Current Grade Point Average: _____

Graduation date: _____

College you will be attending in the Fall (if currently in HS): _____

College Student ID#_____

Mailing Address of College Financial Aid Office (Where to Send Scholarship Award):

_____

Financial Aid Office Phone Number: _____

If currently in HS, Advisor and phone number: _____

Are you or your family a current TRHC Member?   Yes   No   Don't know

List any TRHC Activities you or a family member have volunteered for in the past year:
_____

(Being a TRHC Member or Volunteer is not a requirement this year but will help influence your award in the event we have many applications.)

To help us understand your financial need, please complete the following to the best of your knowledge.
Combined Family income:

_____Below $35,000 _____$35,000-$50,000 _____$50,000-$100,000 _____Above $100,000

Equestrian Organization Membership (s): _____

_____

Equestrian-Related Activities:

_____

_____

Other Activities in or outside school: _____

_____

Leadership positions:

_____

List two part-time jobs you've had in the past two years and your supervisor's name/phone number.

Job: _____ Supervisor: _____ Phone: _____

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Use a separate sheet of paper to answer the following five questions. Please be as specific and detailed as possible.

1. What's your favorite equestrian activity and how has it influenced your personal development?

2. Describe any challenges you've had to overcome to pursue your equestrian interests.

3. Name the person who has had the most impact on your life so far, and why.

4. From what you know about TRHC, why should we select you for a TRHC scholarship?

5. How do you see horses fitting into your future?

I have competed this application truthfully and to the best of my abilities: Applicant Signature:

_____ Date: _____

PLEASE PROVIDE A COLOR PHOTO OF YOURSELF WITH THIS APPLICATION.

For questions, contact: Terry Lynch, TRHC President, 513-314-1146 lynchrt53@gmail.com

Please email completed application to both office@trhc1925.org and lynchrt53@gmail.com OR snail mail to 6985 S. NC9 Highway, Columbus, NC 28722