



KITITAS COUNTY ROPING CLUB 2024 SCHOLARSHIP APPLICATION

Personal Information:

Applicant's Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Email: _____ Date of Birth: _____ Age: _____

Father's Name: _____ Phone: _____

Mother's Name: _____ Phone: _____

If you do not receive a scholarship from the KCRC, how do you plan to fund your education?

Are you receiving any other scholarship(s)? If so, please list:

Intended Career: _____ Proposed Major: _____

If you receive this scholarship what is its intended use: _____ 2-year institution _____ 4-year institution

_____ Trade school _____ Technical School _____ Other (explain: _____

Academic Information:

Are you:

Currently attending high school? Yes _____ No _____ Cumulative GPA: _____

Enrolled in honors classes? Yes _____ No _____ Enrolled in Running Start? Yes _____ No _____

Currently enrolled in college? Yes _____ No _____ Cumulative GPA: _____

List the names of education institutions you have attended:

Elementary: _____

Intermediate: _____

High School: _____

College: _____

ACTIVITIES (Please use additional sheet(s) of paper if you need more room – make sure they are legible) :

Are you currently a member of the KCRC? Yes _____ No _____

Other clubs or associations in which you have participated:

Offices held or awards earned:

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School Related Activities

Clubs or activities in which you have participated:

Offices held or awards earned:

Other Activities

List any other activities including government, community service, etc.:

References

Please submit the name and phone number of the references you requested a "Letter of Reference" from:

Name: _____ Phone: _____

Name: _____ Phone: _____

Essay Topic

What one experience through the Kittitas County Roping Club, or other equine related activity, do you feel had the biggest impact on your life? Why?

Verification

I hereby certify that the statements recorded on this application are accurate and true; I meet all the requirements listed on this application provided by the Kittitas County Roping Club. I understand that if any statements made on this application are found to be untrue, I may be disqualified from receiving a scholarship. If I do receive a KCRC scholarship, I understand my name and photograph may be used in future publications.

Signature: _____ Print Name _____ Date: _____

If under the age of 18, Parent or Guardian:

Signature: _____ Print Name _____ Date: _____

Application Scoring Breakdown

Academics: 25% Involvement: 25%

Essay: 25% References: 25%

Return Form To:

Kittitas County Roping Club

PO Box 334

Ellensburg, WA 98926

By April 30, 2024