

**2011 JUSTIN RICKE MEMORIAL SCHOLARSHIP APPLICATION**

Please type or print legibly in blue or black ink

NRHA ID: \_\_\_\_\_ SS#: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Applicant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Please choose one of the following:

- I am independent and live on my own       I provide for one or more dependents  
 I live at home with both parents       I am from a single parent household  
 I live with a guardian or other arrangement

Number of siblings: \_\_\_\_\_ Ages: \_\_\_\_\_ Number of siblings in college: \_\_\_\_\_

Fathers Name: \_\_\_\_\_

Mothers Name: \_\_\_\_\_

Guardians Name: \_\_\_\_\_

Spouses Name: \_\_\_\_\_

Number of Dependents: \_\_\_\_\_ Ages: \_\_\_\_\_

If you do not receive this scholarship, how do you plan to fund your college education?

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Are you receiving any other scholarships? If so, please list:

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## ACADEMIC INFORMATION

Intended Career: \_\_\_\_\_ Proposed Major: \_\_\_\_\_

Type of institution attending:

\_\_\_ 2 year institution      \_\_\_ 4 year institution      \_\_\_ Trade School  
\_\_\_ Technical School      \_\_\_ Other: \_\_\_\_\_

Are you currently attending high school:      \_\_\_ N      \_\_\_ Y

Are you enrolled in honor classes:      \_\_\_ N      \_\_\_ Y

Are you currently enrolled in college?      \_\_\_ N      \_\_\_ Y

List the name of educational institutions you have attended:

Elementary: \_\_\_\_\_

Intermediate: \_\_\_\_\_

High School: \_\_\_\_\_

College: \_\_\_\_\_

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## NRHA and/or NRHYA ACTIVITIES

List the current memberships you have with NRHA affiliates:

Affiliate: \_\_\_\_\_ Dates: \_\_\_\_\_

Affiliate: \_\_\_\_\_ Dates: \_\_\_\_\_

Affiliate: \_\_\_\_\_ Dates: \_\_\_\_\_

Affiliate: \_\_\_\_\_ Dates: \_\_\_\_\_

Awards Earned: \_\_\_\_\_

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## EQUINE/AGRICULTURE RELATED ACTIVITIES

Clubs or activities in which you are or have participated: \_\_\_\_\_

Office held or awards received: \_\_\_\_\_

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## SCHOOL RELATED ACTIVITIES

Clubs or activities in which you are or have participated: \_\_\_\_\_

Office held or awards received: \_\_\_\_\_

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## **OTHER ACTIVITIES**

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

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## **REFERENCES**

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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## **ESSAY TOPIC**

What on person or experience through NRHA and/or NRHYA do you feel has had the biggest impact on your life? And Why?

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**NOTE: PLEASE USE ADDITIONAL SHEETS TO EXPAND ON ANY OF THE ABOVE QUESTIONS, IF NEEDED.**

## VERIFICATION

I hereby certify that the statements recorded on this application are accurate and true. I meet all the requirements listed on this application. I understand that if any statements made on this application are found to be untrue, I may be disqualified from receiving the scholarship.

If I do receive this scholarship, I understand that my name and photograph may be used for promotional purposes.

Please print your name as you would like it to appear in print: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or guardian name (If under the age of 18): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### APPLICATION SCORING BREAKDOWN

<b>ACADEMICS</b>	<b>25%</b>	<b>INVOLVEMENT</b>	<b>40%</b>
<b>REFERENCES</b>	<b>5%</b>	<b>ESSAY</b>	<b>30%</b>

#### **RETURN APPLICATION AND MATERIAL TO:**

**CHUCK AND LACIE DEPUTY  
3482 N. RECTOR ROAD  
MADISON, IN 47250**

## REQUEST FOR LETTER OF REFERENCE

Date:

To Whom It May Concern:

The Justin Ricke Memorial Scholarship is offering one - \$500 academic scholarship to be awarded for 2010. This letter is a request from:

(Name) \_\_\_\_\_ (Phone#) \_\_\_\_\_

for a letter of recommendation.

In this letter, we ask that you include the following information:

- What is your relationship to the applicant?
- How many years have you known the applicant?
- Attributes that would qualify this applicant for a scholarship?

Please send your letter to the address below, postmarked no later than June 30, 2010. Failure for a letter to be returned by the June 30th date may cause the application to be considered null and void.

Upon completion of the letter, please mail it to:

Chuck & Lacie Deputy  
3482 N. Rector Road  
Madison, IN 47250

For more information, please contact Chuck or Lacie at one of the numbers below:

Home – (812) 866-2182  
Chuck's Cell – (812) 599-2017  
Lacie's Cell – (812) 599-2016

Sincerely,

Chuck & Lacie Deputy