

A LEGACY OF LEGENDS

Scholarship Application

Upload completed application and all files to your personal Dropbox account under a folder identified with your full name and the words "2020 LOL Application."

Share this folder with:
patti@wilddogstudios.com

Fill out this Application Form and attach the following:

- 1) Personal Essay: Tell us about yourself and your interest in horses. Discuss the role horses have played in your life and what challenges you may have faced. Explain your goals as they relate to horses and how you plan to achieve these goals. Describe your financial need and why you are applying for this scholarship. Failure to address all these points will negatively impact your application.
- 2) Three letters of recommendation from people not related to you who can speak to your character and abilities.
- 3) A video less three minutes in length that shows you riding.

Important: your application will not be considered unless all materials are submitted according these instructions.

APPLICANT INFORMATION																			
Last Name			First			M.I.		Date											
Street Address						Apartment/Unit #													
City				State				ZIP											
Phone				Email															
Date of Birth			Sex			Marital Status													
Where do you reside?		Farm <input type="checkbox"/>		Ranch <input type="checkbox"/>		City <input type="checkbox"/>		Suburb <input type="checkbox"/>		Other									
Occupation				Employment Status															
Are you attending or planning to attend college?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, where?			Field of study												
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain															
Please tell us about any community service or volunteer activities you participate in.																			
Please tell us about any special achievements or recognitions you may have received.																			
REFERENCES																			
<i>Please list your three references and attach their letters of recommendation</i>																			
(1) Full Name				Relationship															
Email				Phone															
(2) Full Name				Relationship															
Email				Phone															
(3) Full Name				Relationship															
Email				Phone															
SCHOLARSHIP PREFERENCES																			
What time of year would you like to utilize your scholarship?		No Preference <input type="checkbox"/>		Winter <input type="checkbox"/>		Spring <input type="checkbox"/>		Summer <input type="checkbox"/>		Fall <input type="checkbox"/>		Date you can begin your scholarship							
Length of time you can commit to studying with your selected mentor(s)				1 week <input type="checkbox"/>		2 weeks <input type="checkbox"/>		1 month <input type="checkbox"/>		2 months <input type="checkbox"/>		3 months <input type="checkbox"/>		Other					
Areas interested in studying		barrel racing <input type="checkbox"/>		colt starting <input type="checkbox"/>		dressage <input type="checkbox"/>		driving <input type="checkbox"/>		horse racing <input type="checkbox"/>		horsemanship <input type="checkbox"/>		jumping <input type="checkbox"/>		ranch work <input type="checkbox"/>		reined cow horse <input type="checkbox"/>	
reining <input type="checkbox"/>		roping <input type="checkbox"/>		showing professionally <input type="checkbox"/>		trail riding <input type="checkbox"/>		Other											