

2010 JUSTIN RICKE MEMORIAL SCHOLARSHIP APPLICATION

This scholarship was started in memory of our son Justin who passed away very unexpectedly on November 7, 2004 at the age of 14 from Meningitis. Justin loved showing. He was a very loving and outgoing person who got along with everyone. One thing that has always stuck in my mind is this, "But I had Fun", this was the statement he made one time at a show after a rather poor run. He didn't pout or get upset, he just had fun!!! This is something I think we all forget about. NRHA is about having fun and enjoying ourselves, family, and friends.

At this time we are offering 1 - \$500.00 scholarship per calendar year.

To submit an application, please complete the attached application by typing or printing neatly in blue or black ink.

Determination for a scholarship is based on academic achievement, career plans, NRHA and NRHYA involvement, and references.



REQUIREMENTS

An application must be postmarked for consideration by **June 30, 2010**. To apply for this scholarship, applicants must complete the following requirements.

- 1) All applicants must be a current (2010) and prior (2009) year NRHA member **AND** a member of one of the following affiliates for the current (2010) and prior (2009) calendar year; Central Kentucky Reining Horse Association OR Ohio Valley Reining Horse Association.
- 2) Be a current High School Senior or college student at the time of application pursuing an undergraduate degree in a 2 or 4 year institution, trade, or technical school. In addition, previous recipients of this scholarship are eligible to reapply for the scholarship.
- 3) All applicants must submit an essay. Essays must meet the following criteria:
 - Essays should be typed and not exceed two pages, doubled spaced, using a 12pt Aerial font.
 - All essays must include a coversheet with applicant's name. The applicant's name should in no way appear in or on the essay.
 - **ESSAY TOPIC:**
What one person or experience through NRHA and/or NRHYA do you feel has had the greatest impact on your life? And Why?
- 4) Applicants must submit a transcript or recent grade report. Your cumulative grade point average must be shown. If your school follows a grade scale other than a 4.0 scale, please give an explanation of the procedure.
- 5) Applicants must submit three letters of reference:
 - 1 – From a NRHA Professional (Coach, Trainer, etc)
 - 1 – Personal Reference
 - 1 - NRHA Member

(There is a sample letter attached for you to send to prospective references.)

- * Letters of reference must state how he or she knows the member and for how long.
- * References may not be written by parent, legal guardian or a relative.
- * The reference must have knowledge of the member's activities and must validate them in the recommendation.
- * All letters of reference must be type written and may not exceed one page.

6) The application and other requested material must be sent to:

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

8) Please include a 3 X 7 head and shoulder photo with your application. If selected for the scholarship, this photo may be used for promotional purposes and publishing.

APPLICATION CHECKLIST

All of the following must be included with the application for the application will be considered null and void:

- _____ Scholarship Application
- _____ Essay with Coversheet
- _____ Transcript/grade report with cumulative GPA
- _____ Reference Letters
- _____ Promotional Photo
- _____ Copy of NRHA and applicable affiliate membership card for current and prior year. If card is not available, a written statement from the affiliate's Treasurer certifying that the applicant's membership was paid for the prior year and is paid for the current year.

SCHOLARSHIP GUIDELINES

Scholarship funding will be issued jointly to the applicant and the College or University. Under no circumstances will the funding be sent to the recipient.

Recipient of the scholarship will be asked to submit the following information for the release of funds:

- School Name
- School Financial Aid Office Address
- Contact Person's Name and Phone Number

1. Funds must be used for tuition only.
2. If the recipient chooses to postpone their education, they must contact the NRHA office. If the NRHA office is not contacted within one year of receiving the scholarship, the scholarship will be forfeited.
3. Recipients of scholarships are eligible until the age of 25.

HOW AND WHERE TO OBTAIN AN APPLICATION

To obtain a 2010 Justin Ricke Memorial Scholarship application call Chuck or Lacie at the one of the following numbers and we will mail you an application:

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

or you can obtain an application from one of the following web sites:

Web Sites: www.ckrha.org
 www.ovrha.com

2010 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?

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

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: _____

NRHA and/or NRHYA ACTIVITIES

List the current memberships you have with NRHA affiliates:

Affiliate: _____ Dates: _____

Affiliate: _____ Dates: _____

Affiliate: _____ Dates: _____

Affiliate: _____ Dates: _____

Awards Earned: _____

EQUINE/AGRICULTURE RELATED ACTIVITIES

Clubs or activities in which you are or have participated: _____

Office held or awards received: _____

SCHOOL RELATED ACTIVITIES

Clubs or activities in which you are or have participated: _____

Office held or awards received: _____

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

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: _____

APPLICATION SCORING BREAKDOWN

ACADEMICS	25%	INVOLVEMENT	40%
REFERENCES	5%	ESSAY	30%

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