



Garden State Paint Horse Club Scholarship

Applicant's Personal Information

Name: _____ Date of Birth: _____

Social Security Number: _____ GSPHC Number: _____

Phone Number: _____ Email: _____

Address: _____

Applicant's Family Information

Father's Name: _____ Address: _____

Mother's Name: _____ Address: _____

Guardian or other _____

Scholastic Record

Name of School: _____ Location: _____

Dates Attended: _____

PLEASE include a separate 500 word or less explanation of your educational plans and goals

I have personally prepared this application and believe it to be correct.

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____

MAIL COMPLETE PACKAGE TO:

The Garden State Paint Horse Club c/o Dorothy Quirk - 463 Auburn Road, Pilesgrove, NJ 08098