

WESTERN SADDLE CLUB OF CASHTON SCHOLARSHIP APPLICATION

This application is to be completed by the applicant and returned, along with supporting documents, to the Western Saddle Club of Cashton, Attn: Scholarship Program, E7164 Three Chimney Rd., Viroqua, WI 54665. **APPLICATIONS TO BE POSTMARKED NO LATER THAN APRIL 1.**

1) Full Name of Applicant:

Home Address: _____

Phone Number ____-____-____ Date of Birth: ____-____-____

Email Address: _____

2) Name of High School Attended & Address:

Year of High School Graduation: _____

Official transcript of grades attached

3) Name and address of school or college you will attend in the Fall:

Field(s) in which you plan to major.

What are your plans to help finance your education (parents, loans, work, savings, etc.)?

Explain your need for financial assistance.

I acknowledge that the information on this application is correct and providing false information may result in a retraction or repayment of an awarded scholarship.

Signature of Applicant:

Date: _____

Note: Application will not be accepted without signature and supporting documents.