
Betsy Rose Memorial Scholarship

"Nothing happens unless first a dream." - Carl Sandburg

OFFICIAL APPLICATION

***** PART ONE *****

YOU MAY EITHER PRINT AND FILL OUT PART ONE BY HAND OR USE A COMPUTER

FULL NAME:

EMAIL ADDRESS:

MAILING ADDRESS:

CITY:

STATE: ZIP:

BEST PHONE NUMBER TO REACH YOU:

CURRENT AGE:

NAME OF PARENTS/GUARDIANS:

NAME OF SCHOOL CURRENTLY ATTENDING:

CURRENT GRADE:

SCHOOL ADDRESS:

CITY: STATE: ZIP:

SCHOOL COUNSELOR'S NAME:

SCHOOL COUNSELOR'S PHONE NUMBER:

IF CURRENTLY IN HIGH SCHOOL, CURRENT CLASS RANKING AND CUMULATIVE GPA.

RANK: ___ OUT OF ___. CUMULATIVE GPA: _____.

IF CURRENTLY ATTENDING COLLEGE/UNIVERSITY, CURRENT CUMULATIVE GPA.

CUMULATIVE GPA: _____.

WHAT ARIZONA COLLEGE OR UNIVERSITY DO YOU PLAN TO ATTEND?

WILL YOU RECEIVE FINANCIAL AID OR OTHER SCHOLARSHIPS?_

IF YES, INDICATE THE TYPE AND AMOUNT:

GIVE A BRIEF DESCRIPTION OF YOUR FINANCIAL SITUATION AND WHY YOU ARE APPLYING FOR THIS SCHOLARSHIP:

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LIST ANY EQUESTRIAN ACTIVITIES IN WHICH YOU PARTICIPATED IN THE LAST SIX YEARS:

LIST ANY AWARDS EARNED WHILE PARTICIPATING IN EQUESTRIAN ACTIVITIES:

LIST CLUBS, SPORTS, SPECIAL ACTIVITIES, ETC. IN WHICH YOU ARE INVOLVED IN HIGH SCHOOL OR COLLEGE/UNIVERSITY. INCLUDE NUMBER OF YEARS YOU HAVE BEEN INVOLVED IN EACH ACTIVITY. INCLUDE ANY LEADERSHIP ROLES YOU HAVE TAKEN WITHIN EACH ORGANIZATION:

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LIST ALL HONORS RECEIVED AT YOUR SCHOOL FOR SCHOOL ACTIVITIES:

LIST COMMUNITY ACTIVITIES IN WHICH YOU ARE INVOLVED. EXAMPLES INCLUDE CHURCH ACTIVITIES, COMMUNITY SPORTS, DANCE OR THEATER PROGRAMS, SCOUTING, 4-H, ETC.:

LIST ANY AWARDS RECEIVED FROM YOUR COMMUNITY ORGANIZATIONS AND INVOLVEMENT:

ESSAY: IN A SEPARATE PRINTED DOCUMENT, PROVIDE AN APPROXIMATELY 1000 WORD ESSAY DESCRIBING WHAT THE “WESTERN WAY OF LIFE” MEANS TO YOU. EXPLAIN HOW YOU FEEL YOU HAVE LIVED THE WESTERN WAY OF LIFE AND HOW YOU INTEND TO PRESERVE AND PROMOTE THIS LIFESTYLE. INCLUDE YOUR EDUCATIONAL GOALS AND LIFE ASPIRATIONS IN THE ESSAY.

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PHONE INTERVIEW: THE BETSY ROSE SCHOLARSHIP COMMITTEE RESERVES THE RIGHT TO CONDUCT A PHONE INTERVIEW WITH APPLICANTS IN ORDER TO BREAK A TIE. PHONE INTERVIEW IS BY EXCEPTION ONLY.

***** **END OF APPLICATION, PART ONE** *****

Save and print all pages of your application now.

OFFICIAL APPLICATION

***** **PART TWO:** *****

PART TWO MUST BE PRINTED OUT AND SIGNED BY HAND

Certification: If granted a scholarship, I understand that I will receive the funds upon successful graduation from high school and verification of enrollment in an Arizona 2-year or 4-year, post-secondary college or university education program. Check will be issued directly to educational institution. The application and transcripts become the property of the scholarship committee. I certify the information contained on this application is true and complete to the best of my knowledge. I authorize the Betsy Rose Scholarship committee to release information pertaining to my award to news media and/or other interested parties and understand that a photo of me may be used for publicity and recognition purposes.

Applicant’s Signature _____ **Date** _____

Parent Signature _____ **Date** _____

MAIL PART ONE & PART TWO OF THIS SCHOLARSHIP APPLICATION BEFORE MAY 15TH 2017 TO:

Betsy Rose Memorial Scholarship

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Betsy Rose Memorial Scholarship Committee
C/O Buddy Rice
191 N. Bridge Rd
Payson, AZ 85541
For questions, email: paul.batish@gmail.com

OFFICIAL APPLICATION

***** PART THREE *****

REQUEST YOUR OFFICIAL HIGH SCHOOL OR COLLEGE TRANSCRIPT BE SENT DIRECTLY TO THE ADDRESS BELOW. THE TRANSCRIPT WILL BE CONSIDERED PART OF YOUR FULL APPLICATION. IF IN HIGH SCHOOL, TRANSCRIPT SHOULD INCLUDE THE FIRST SEMESTER OF YOUR SENIOR YEAR, YOUR CUMULATIVE G.P.A. AND RANK IN CLASS IF APPLICABLE. IF CURRENTLY IN COLLEGE, TRANSCRIPT SHOULD INCLUDE ALL SEMESTERS ACCOMPLISHED AT THAT COLLEGE AND CUMULATIVE G.P.A. TRANSCRIPT MUST BE POSTMARKED BY APRIL 15, 2017 TO:

Betsy Rose Memorial Scholarship Committee
C/O Buddy Rice
191 N. Bridge Rd
Payson, AZ 85541
For questions, email: paul.batish@gmail.com

STUDENT NAME: _____

STUDENT ID: _____

DATE REQUESTED: _____

NOTE TO SCHOOL REGISTRAR:

**Please include this request form with the Official copy of the Transcript.
Thank you for your support.**

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