

SADDLE CLUB OF ST. CLAIR COUNTY SCHOLARSHIP APPLICATION

Name: _____

Home Address: _____

Telephone Number: _____

Parent's Name: _____

Name of College you will attend: _____

Intended area of Study: _____

In what extra-curricular activities have you been involved?

In what saddle club/community activities have you been involved?

Please explain why you feel you deserve this scholarship.

Funds will be distributed to the recipient after they have presented a copy of enrollment information/class schedule to the saddle club.

Return application by **April 30th** to: Kellie Stephenson, 12860 NE 50 Rd., Osceola, MO 64776.