

THE CALIFORNIA STATE HORSEMEN'S ASSOCIATION CHARITABLE TRUST

REQUEST FOR SCHOLARSHIP MONIES

Horsemastership, Royalty, English, Western,
Gymkhana, Stock Competition Scholarships

NAME _____

BIRTH DATE ____ / ____ / ____ SSN# _____

ADDRESS _____

Street address or P.O. Box

CITY

STATE

ZIP

NAME OF SCHOLARSHIP _____

YEAR WON _____ AMOUNT OF SCHOLARSHIP \$ _____

The scholarship is to be used for tuition, books, or lab fees associated with attendance at a vocational school, 2 year college, 4 year college, graduate school, or certificate course applicable to the winner's career goals through an accredited school. Funds will be sent directly to the school for the benefit of the scholarship winner and may not be distributed to the individual. Scholarship winners not listed above (e.g. Coto, Sorensen Foundation) may request redemption forms for their scholarship.

Note: If desiring to use funds to attend a clinic, approval of the Trust must be obtained in advance. Please review the requirements in the current rulebook and contact the Trust a minimum of 60 days in advance of the event and/or date money is required to obtain approval for this use.

Junior Scholarship: Funds not claimed before the recipient's 25th birthday will revert to the originating scholarship fund. **Senior Scholarship:** Funds not claimed within 4 years of award date will revert to the originating scholarship fund. It is the responsibility of the recipient to manage this timeline. No notification of pending expiration will be provided by the Charitable Trust or the California State Horsemen's Association Inc.

NAME UNDER WHICH RECIPIENT IS ENROLLED _____

STUDENT ID# IF ANY _____

SCHOOL NAME _____

ATTENTION _____
NAME OF DEPARTMENT; E.G. STUDENT AID

SCHOOL'S ADDRESS _____
Street address or P.O. Box CITY STATE ZIP

TO REDEEM YOUR SCHOLARSHIP, COMPLETE THIS FORM AND MAIL TO:

CALIFORNIA STATE HORSEMEN'S ASSOCIATION CHARITABLE TRUST
1330 W. ROBINHOOD DR #D STOCKTON, CA 95207

Disbursement of funds may take up to 60 days after receipt of acceptable documents by the Charitable Trust

FOR TRUST USE ONLY

VERIFIED & PAID _____ CHECK # _____ DATE MAILED _____ CERTIFIED # _____