



## Kentucky Equine Education Project Scholarship Program

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Kentucky Equine Education Scholarships are awarded to legal Kentucky state residents, who are current full-time students at a Kentucky university/college that offer a program in equine studies. The student must be enrolled in equine studies, have a 2.5 or higher GPA on a 4.0 scale and also be a KEEP member.

**The completed application, two letters of recommendation and official transcript are due no later than May 1st.** Scholarships are awarded before the start of the fall semester. Scholarships are paid directly to the university or college for post-secondary educational expenses. A scholarship can be awarded only one time to any individual meeting scholarship requirements. All individuals who are not awarded a scholarship are encouraged to resubmit their application as often as they like. KEEP will award a maximum of five scholarships per year with a value of **\$1000** each. In addition, eligible KEEP scholarship recipients are invited to participate in The Race For Education's (RFE) Assets for Independence program and receive up to **\$4000** in additional funding. KEEP recipients are also invited to The Race For Education's Equine Summer Seminar.

The KEEP scholarship committee, made up of a five-panel board, will review your application. Scholarships are only awarded to students who meet above requirements and can submit evidence of academic success, financial need, extracurricular activities (including community service), and involvement in Kentucky's horse industry. An interview may be required. Please keep the following *Statement of Philosophy* in mind as you prepare your application.

***Statement of Philosophy:*** *The purpose of the Kentucky Equine Education Project Scholarship Program is to provide scholarships to KEEP members who are legal Kentucky state residents and are enrolled in an equine studies program at any Kentucky college or university, who demonstrate financial need, academic success, shows a commitment to Kentucky's horse industry, hard work, and determination.*

All information submitted with the application will be held in strict confidence. No application will be returned.

Applicants will be notified of award dispersal by June 1st.

### Mail applications and supporting materials to:

KEEP -Scholarship Program  
C/o The Race For Education  
P.O. Box 11355  
Lexington, KY 40575

# General Information Form

Please provide information current for spring of 2010.

Name: (Last, First, Middle Initial) \_\_\_\_\_

Permanent address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary email: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City and State of Birth: \_\_\_\_\_

High school or college you currently attend: \_\_\_\_\_

Grade you are currently completing: \_\_\_\_\_ Date of high school graduation or GED completion: \_\_\_\_\_

SAT or ACT Score: \_\_\_\_\_ Date taken: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ on a scale of 1 to \_\_\_\_\_ (include official transcript)

Race (optional):       African American       Caucasian       Asian       Hispanic       Other

Name of college or university you attend/will attend: \_\_\_\_\_

Address of college or university: \_\_\_\_\_

Have you applied to this college or university?       Yes       No       Currently attending

Intended major: \_\_\_\_\_ Credit Hours Completed: \_\_\_\_\_

Intended career: \_\_\_\_\_

Why did you choose this college? \_\_\_\_\_

Expected (undergraduate) graduation date: \_\_\_\_\_

I hereby certify the statements recorded in this application are true and accurate. I meet all requirements set forth by The Race For Education/KEEP. I understand that if any statement presented in this application is untrue, I may be disqualified from consideration. If selected as a recipient of a Race For Education/KEEP scholarship, I understand that I may be listed as a recipient and my image used in various publications. Additional information may be requested prior to award decision.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian, if applicant is 18 years of age or younger:

\_\_\_\_\_ Date: \_\_\_\_\_



## KENTUCKY EQUINE EDUCATION PROJECT SCHOLARSHIP INFORMATION

### APPLICANT INFORMATION

Name:

KEEP Membership #:

### APPLICATION

- 1) Write an essay describing your future in Kentucky's horse industry and how you can help keep Kentucky the 'Horse Capital of the World.'
- 2) Include a list of information about your college experiences, special interests, hobbies, and current/recent extracurricular activities (including community service) within Kentucky's horse industry.

The main objective is to give the selection committee a clear understanding of your career choice, individual goals, strengths, and love for Kentucky's horse industry. Personal and family circumstances may be included.

*Note: Must be typewritten on separate sheets of paper.*

### Eligibility requirements:

1. Legal Kentucky state residents
2. Current full-time student at a Kentucky university or college in an equine or equine-related program.
3. GPA 2.5 or higher on a 4.0 scale.
4. Must be a current KEEP member.
- 5.

### Checklist:

1. Completed General Information Form and Financial Need Verification Form.
2. Provided KEEP Membership # above.
3. Included typewritten essay describing your future in Kentucky's horse industry and how you can help keep Kentucky the 'Horse Capital of the World.'
4. Included list of extracurricular activities, special interests, and community service experience.
5. Included two letters of recommendation and official transcript. *(Please use appropriate recommendation cover letter forms—all have been provided below.)*

## The Race For Education Financial Need Verification Form

**Student Name:** \_\_\_\_\_ **Student Age:** \_\_\_\_\_

If you are 21 or older, complete this form for yourself; if you are under 21 complete this with your family's information.

Last Name of Head of Household: \_\_\_\_\_

Number in Household (including self): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Household Members (including self):**

First Name	Middle Initial	Last Name	DOB	Applying?	Adult?
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**Household Assets/Liabilities:**

How many vehicles do you own? \_\_\_\_ Vehicle 1 value \_\_\_\_\_ Vehicle 1 Loan Balance \_\_\_\_\_

Vehicle 2 value \_\_\_\_\_ Vehicle 2 Loan Balance \_\_\_\_\_

Vehicle 3 value \_\_\_\_\_ Vehicle 3 Loan Balance \_\_\_\_\_

Do you own a principal residence? \_\_\_\_ If so, home value \_\_\_\_\_ Mortgage Balance \_\_\_\_\_

Do you own other homes? \_\_\_\_ If so, home(s) value \_\_\_\_\_ Mortgage Balance \_\_\_\_\_

Do you own a business? \_\_\_\_ If yes, business value \_\_\_\_\_ Bus. Loan amt. \_\_\_\_\_

Do you own rental property or land? \_\_\_\_ If yes, property value \_\_\_\_\_ Property loan amt. \_\_\_\_\_

Do you own stocks, bonds, or other investments? \_\_\_\_ If yes, stocks value \_\_\_\_\_

Do you have a checking account? \_\_\_\_ If yes, checking amt. \_\_\_\_\_

Do you have a savings account? \_\_\_\_ If yes, savings amt. \_\_\_\_\_

Do you owe money to friends/family? \_\_\_\_ If yes, amount owed \_\_\_\_\_

Do you have past due household bills? \_\_\_\_ If yes, amount past due \_\_\_\_\_

Do you have credit card bills? \_\_\_\_ If yes, credit card(s) balance \_\_\_\_\_

Do you have student loans? \_\_\_\_ If yes, student loan balance \_\_\_\_\_

Do you have medical bills? \_\_\_\_ If yes, medical bills amount due \_\_\_\_\_

Do you have outstanding personal loans? \_\_\_\_ If yes, personal loan amount due \_\_\_\_\_

Adjusted gross income: \_\_\_\_\_

EFC (Estimated Family contribution) Amount, as determined by FAFSA: \_\_\_\_\_

Annual **tuition** at institution you wish to attend: \_\_\_\_\_

**All submitted financial information is kept confidential and will be shredded following the selection process.**



**PROFESSIONAL RECOMMENDATION COVER LETTER FORM**

**TO BE COMPLETED BY AN EMPLOYER, COMMUNITY LEADER, BUSINESS PERSON OR VOLUNTEER.**

Please discuss the student's potential ability to become a positive contributor to society. Describe a significant contribution(s) made by the student through public service or community involvement. Do not duplicate information found elsewhere in the student's application unless you plan to provide more in depth explanations and examples.

The student should provide a copy of his/her GENERAL INFORMATION FORM to the individual drafting this letter. The recommendation letter may be typed on the back of this form or on a separate sheet attached to this form.

**Name of Student** \_\_\_\_\_  
Last Name First Name M.I.

**Your Name** \_\_\_\_\_  
Last Name First Name M.I.

**Title** \_\_\_\_\_ **Organization/business:** \_\_\_\_\_

**Address** \_\_\_\_\_  
Number Street Apt. #

City State Zip Code

**Phone** ( ) \_\_\_\_\_

**How long have you known the student?** \_\_\_\_\_

**In what capacity?** \_\_\_\_\_

\_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**ACADEMIC RECOMMENDATION COVER LETTER FORM**

**TO BE COMPLETED BY A FACULTY MEMBER WHO MAY OR MAY NOT HAVE TAUGHT THE SCHOLARSHIP APPLICANT.**

Please discuss the student's potential ability to become a positive contributor to society. Describe a significant contribution(s) made by the student through public service or community involvement. Do not duplicate information found elsewhere in the student's application unless you plan to provide more in depth explanations and examples.

The student should provide a copy of his/her GENERAL INFORMATION FORM to the individual drafting this letter. The recommendation letter may be typed on the back of this form or on a separate sheet attached to this form.

**Name of Student** \_\_\_\_\_  
Last Name First Name M.I.

**Your Name** \_\_\_\_\_  
Last Name First Name M.I.

**Title** \_\_\_\_\_ **School:** \_\_\_\_\_

**Address** \_\_\_\_\_  
Number Street Apt. #  
\_\_\_\_\_  
City State Zip Code

**Phone** ( ) \_\_\_\_\_

**How long have you known the student?** \_\_\_\_\_

**In what capacity?** \_\_\_\_\_  
\_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FACULTY MEMBER RECOMMENDATION COVER LETTER FORM**

**TO BE COMPLETED BY A FACULTY MEMBER WHO HAS TAUGHT THE SCHOLARSHIP APPLICANT.**

Please discuss the student's potential ability to become a positive contributor to society. Describe a significant contribution(s) made by the student through public service or community involvement. Do not duplicate information found elsewhere in the student's application unless you plan to provide more in depth explanations and examples.

The student should provide a copy of his/her GENERAL INFORMATION FORM to the individual drafting this letter. The recommendation letter may be typed on the back of this form or on a separate sheet attached to this form.

**Name of Student** \_\_\_\_\_  
Last Name First Name M.I.

**Your Name** \_\_\_\_\_  
Last Name First Name M.I.

**Title** \_\_\_\_\_ **School:** \_\_\_\_\_

**Address** \_\_\_\_\_  
Number Street Apt. #

City State Zip Code

**Phone** ( ) \_\_\_\_\_

**How long have you known the student?** \_\_\_\_\_

**In what capacity?** \_\_\_\_\_

\_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_