



MHHA SCHOLARSHIP APPLICATION

Dear Applicant:

You are eligible to receive scholarship awards from the MHHA for a total of four years. Please complete this form and return by April 15, along with your high school or college transcript to: The MHHA Scholarship Fund, 101 S. Washington Square, Suite 620, MI 48933.

Scholarship award recommendations will be finalized by the Board of Directors at the May MHHA meeting. If you have any questions, please call or write the MHHA Office. All information disclosed in this application will be held in confidence to the fullest extent possible. Application must be typed.

PERSONAL INFORMATION

Full Name _____
Last First M.I.

Street Address _____

City, State, Zip _____

Telephone _____

E-Mail Address _____

Date of Birth _____ Age _____

PARENTS

Father's (or Guardian) Name _____

Occupation _____ Employer _____

MHHA # _____ ORC License # _____

Mother's (or Guardian) Name _____

Occupation _____ Employer _____

MHHA # _____ ORC License # _____

EDUCATION

Educational institution you will be attending for the upcoming academic year:

Name _____

Street Address _____

City, State, Zip _____

Telephone _____

Degree Pursued _____

Area of Study _____

List the schools you have attended, including high school with the most recent school first and provide dates of your attendance. If college, please indicate if you obtained a degree.

School _____ Location _____

Dates of Attendance _____

School _____ Location _____

Dates of Attendance _____

School _____ Location _____

Dates of Attendance _____

Together with this application, you must submit a certified academic transcript of your entire high school career and/or your entire record in a post-high school institution. If your official transcript is not available by April 15 send all other documentation and note that your transcript will be forthcoming with a projected date of arrival.

EXTRACURRICULAR ACTIVITIES

List any honors you have received and any noteworthy participation in special programs, school or community activities, or athletics with dates of participation. *(Please indicate if you are attaching this information on a separate sheet.)*

Program/Activity/Award	Sponsor/Organization	Dates

Please list jobs you have held in the past few years.

Dates Employed	Position	Employer	Hours/Week

Please briefly describe your present and future professional and career goals.

Please attach two letters of recommendation from:

School Official (teacher, coach, administrator) and

Other (employer, community member, non-family member)

Please attach a brief essay explaining how you are involved in the harness racing industry, and how it may have determined your future. Indicate why you are seeking and believe you deserve financial assistance from the MHHA. For purposes of anonymity, do not include personal names.

Together with this application you must submit a certified transcript of your entire high school career and/or your entire record in a post-high school institution.

By signing this application, I certify that all of the information provided herein is complete and accurate to the best of my knowledge. I agree to provide the scholarship committee with any further information or documentation it may request.

Applicant's Signature

Date