

ARAB, Inc. 2020 Scholarship Application Form

As in past years, ARAB, Inc. will be awarding a scholarship to members who wish to further their education in any manner past the secondary school level. For 2020, one award of \$500 will be made. The check will be presented at the club's annual awards banquet in January 2021. Funds may be used for any education expenses.

The committee for 2020 consists of Marilyn Weber and Alice Martin as Chairman. Applications must be postmarked no later than November 30, 2020.

This scholarship will be awarded on the basis of academic ability (25%), leadership (25%), involvement in equine activities (20%) and service to and involvement with ARAB, Inc. (30%). Applicants must have been an ARAB, Inc. member for at least six months before applying. These scholarships may be used for any full- or part-time undergraduate, graduate, professional, or technical course of study above secondary school.

There is no age limit for applicants. The application form must be filled out completely to be considered for an award. All information (including letters of recommendation) must be received by the deadline for an application to be considered. All information will be held in the strictest confidence by the scholarship committee!

All applications and supporting materials become the property of the ARAB, Inc. Scholarship Committee and cannot be returned to the applicant. Use extra sheets of paper wherever necessary to furnish any additional information.

Send application, postmarked
no later than 11/30/2020, to:

Alice Martin, Chairman
ARAB, Inc. Scholarship Committee
1736 South Farmingdale Road
New Berlin, IL 62670

Questions? Please call 217-546-9400 or e-mail: alice.martin@mac.com

GENERAL INFORMATION

Name: _____

Address: _____

City/State/Zipcode: _____

Tel: _____ Email: _____ Date of Birth: _____

Career goal(s) or reason(s) for pursuing additional education:

College, University or other Institution you're planning to attend:

Course of Study or Major(s) and Minors(s): _____

Date course(s) will begin (or began): _____

Date you joined ARAB, Inc.: _____ Type of Membership: _____

EDUCATIONAL BACKGROUND

Schools attended (list most recent first and omit elementary and middle schools, but include any secondary or post secondary schools)

Name of School/ Degree or Diploma	Location	Dates Attended

High School Grade Point Average _____ Points = A

High School Class Rank _____ out of _____

College Grade Point Average _____ Points = A

College Entrance Exam Score: ACT _____ SAT _____ Other _____

EXTRACURRICULAR ACTIVITIES AND SERVICE

1. List Extracurricular activities or organizations you have been involved with, offices you have held, and the dates you were a member: i.e. student government, 4-H, AHA, ARAB, Inc, sports, religious, community service, other equine groups, social or fraternal organizations:

2. What personal benefits and/or contributions did you receive from the above listed organizations?

3. What contributions did you make to the organizations listed above?

4. Describe your involvement and accomplishments in equine activities, particularly those involving ARAB, Inc. functions:

5. List any honors or awards you have received:

6. Describe any other activities in which you have participated which you feel add to your qualifications for this scholarship:

REFERENCES

On behalf of the applicant, at least two and not more than four letters of recommendation must be submitted by the application deadline. Required letters include one letter from an officer, director or committee chair of ARAB, Inc. (past or present) and one letter from the applicant's high school principal, teacher, counselor or college/university faculty member. If the applicant has not been a student for more than five years, another letter may be submitted. List those whom you have requested to write letters of recommendation:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

The information contained in this application is true and accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____
(If applicant is under age 21)

See Page 1 for address for form submission.