

# ARAB, Inc. 2023 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 2023, one award of \$500 will be made. The check will be presented at the club's annual awards banquet in January 2023. Funds may be used for any education expenses.

The committee for 2023 consists of Marilyn Weber and Alice Martin as Chairman. Applications must be postmarked no later than November 30, 2023.

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 11/30/2023, to:

Alice Martin  
6059 N State Highway 37  
Watson, IL 62473

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

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

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Course of Study or Major(s) and Minors(s): \_\_\_\_\_

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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:

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

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

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

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5. List any honors or awards you have received:

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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.