

**THE STANDARDBRED OWNERS ASSOCIATION OF NY, INC. YONKERS
RACEWAY JO ANN HERTLEIN MEMORIAL SCHOLARSHIP DETAILS
FOR THE 2017-2018 ACADEMIC YEAR**

The SOA Scholarships are made available to SOA members, covered backstretch personnel, and their immediate families, for study beyond the high school level.

The following conditions apply:

1. The application deadline is May 31, 2017. All applications must be mailed to the SOA Scholarship Fund, 733 Yonkers Ave., Suite 102, Yonkers, NY 10704, and must be postmarked no later than May 31, 2017.
2. One scholarship will be awarded to one student for a period of one year of study in the amount of \$5,000, a second scholarship will be awarded to one other student for a period of one year of study in the amount of \$3,000 and a third scholarship will be awarded to one other student for a period of one year study in the amount of \$2,000. The award is made specifically for the semester beginning September 2017.
3. The scholarships will be awarded on the basis of merit and financial need.
4. Applicants must have already been accepted in an accredited program of study leading specifically to a degree or certification beyond the high school level.
5. Prior recipients of an SOA Scholarship are eligible to apply. No person, however, may win more than two SOA Scholarship awards, whether in consecutive years or not.
6. The Scholarship applicant must be a 2017 SOA member in good standing, a Backstretch employee covered by the SOA Welfare Plan, or a member of the immediate family of either. "Immediate family" means spouse or child.
7. The Scholarship awards will be announced by July 17, 2017.
8. The SOA Scholarship Committee may request a personal interview prior to awarding the Scholarships.
9. Members of the SOA Board of Directors and their immediate families are not eligible.

FOR AN APPLICATION, CALL OR WRITE:

**Standardbred Owners Association
SOA SCHOLARSHIP FUND
733 YONKERS AVE., SUITE 102
YONKERS, NY 10704**

914-968-3599

SOA OF NY/YONKERS RACEWAY JO ANN HERTLEIN MEMORIAL SCHOLARSHIP

2017-2018 APPLICATION

Applicant must complete this form in its entirety and return to:

Standardbred Owners Association Scholarship Fund
733 Yonkers Ave, Suite 102
Yonkers, NY 10704

Application must be postmarked no later than May 31, 2017

PART 1 – PERSONAL INFORMATION

NAME: _____

DATE OF BIRTH: _____

PERMANENT ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

FATHER'S NAME: _____

MOTHER'S NAME: _____

ARE EITHER OF YOUR PARENTS CURRENTLY LICENSED AS A HARNESS HORSE
DRIVER, TRAINER OR CARETAKER? _____ if yes what state(s) _____

ARE EITHER OF YOUR PARENTS 2017 SOA OF NY MEMBERS? _____

ARE YOU A 2017 SOA OF NY MEMBER? _____

PART 2 – EDUCATION AND EXPERIENCE

NAME AND ADDRESS OF SCHOOL YOU WILL BE ATTENDING IN FALL 2017:

DEGREE YOU WILL BE PURSUING: _____

LIST ALL SCHOOLS YOU HAVE ATTENDED - HIGH SCHOOL AND/OR COLLEGE(S)

Name of School	Year started	Year finished	degree if applicable

*Submission of an official high school transcript and a certified transcript of any post high school study is required with this application

LIST ALL SCHOLASTIC HONORS AND ACHIEVEMENTS YOU HAVE RECEIVED IN THE PAST 4 YEARS

LIST ALL SPORTS, GROUPS, CLUBS, COMMUNITY OR VOLUNTEER ACTIVITIES YOU HAVE PARTICIPATED IN THE PAST 4 YEARS

LIST YOUR EMPLOYMENT HISTORY

Employer	To:	From:	Paid or Unpaid

WHAT ARE YOUR TOTAL COSTS FOR TUITION, HOUSING AND BOOKS ESTIMATED TO BE FOR THE SEMESTER BEGINNING SEPTEMBER 2017?

WHAT ARE YOUR ESTIMATES FOR HOW THESE COSTS WILL BE MET?

FROM PARENTS \$ _____

FROM SAVINGS \$ _____

FROM EARNINGS \$ _____

FROM STUDENT LOANS \$ _____

FROM GRANTS OR SCHOLARSHIPS \$ _____

PLEASE PROVIDE THE NAMES, ADDRESSES AND PHONE NUMBERS OF THREE INDIVIDUALS THAT WE MAY CONTACT FOR REFERENCES

1. _____

2. _____

3. _____

PART 3 – STATEMENTS

WHAT ARE YOUR CAREER GOALS?

TELL US BRIEFLY WHY YOU FEEL YOU SHOULD BE CHOSEN AS THE SOA OF NY SCHOLARSHIP RECIPIENT

YOU MUST SUBMIT A CERTIFIED TRANSCRIPT OF YOUR ENTIRE HIGH SCHOOL CAREER AND A CERTIFIED TRANSCRIPT OF ANY POST HIGH SCHOOL STUDY.

PLEASE SIGN AND DATE THE FOLLOWING DECLARATION:

“I certify that all of the information provided on this application is complete and accurate.”

Signature _____ Date _____

*an award if any is in the sole discretion of the members of the Scholarship Committee and all applications will be reviewed blindly without any identifying information as to the applicant or his/her family