

California High School Rodeo Association

2020 SENIOR STATE FINALS QUALIFIER SCHOLARSHIP APPLICATION

NAME: _____
First Middle Last

CHSRA District # _____ CHSRA Membership # _____

Name of Parents

Or Guardian: _____ Applicant's Tel #: _____

Permanent Address: _____

City _____ Street _____ State: _____ Zip code _____

High School _____ Date of Graduation _____
(Please list COMPLETE official name of your high school.)

Please circle the type of High School you attended:

Public Private Home School Independent Study Charter School

Weighted G.P.A. Avg. _____ Total SAT Score _____ or Total ACT Score _____
(You must include a copy of your official score to be verified by the committee)

Birth date: _____ Your Age Today _____

How long have you been a member of CHSRA? _____

SCHOLASTIC HONORS

List any scholastic honors and/or awards. Briefly describe the honor or award:

List any membership in scholastic organizations and include any office or position of leadership held:

Type of post-secondary institution/school you are planning to attend next year? :

___ University/College (4 year) ___ Vocational School ___ Community College (2 yr)

Have you applied to any colleges/schools? _____ If yes, List names:

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Have you been accepted to any school? _____ Which ones, List: _____

***** You must attach a copy of your letter of acceptance from the School of your choice if 4 year college or university.***

What is your planned course of study? _____

Number of years to complete/graduate: _____

Briefly describe your educational and occupational goals: _____

What other work have you done for your District? Was it Mandatory? _____

What Events do you compete in CHSRA?

What Rodeo Year(s) did you qualify for?

State Finals: (Include JH and HS)

List the Years you qualified AND attended: _____

Challenge of Champions:

List the Years you qualified and attended _____

National Finals: (Include JH and HS)

List the Years you qualified and attended: _____

List any other hobbies and sports: _____

Financial Need:

How much of your education will be paid:

By yourself: All _____ Part _____ None _____

By your family: All _____ Part _____ None _____

Will you be applying for student loans? Yes _____ No _____

What type? Amounts?

Have you been awarded any Scholarships? Yes _____ No _____

Please list amounts: _____

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During your college, will you live with? ...

1. your parents _____
2. other Family _____
3. on campus housing _____
4. Rented accommodation _____
5. Other _____

Family: check off the responses for your situation:

1. Two parent _____ Single parent _____ Other _____
2. Total number of children supported by parent/s _____
3. Number of siblings in college _____
4. Number of siblings living at home _____
5. Both parents are employed/self employed _____
6. One parent is employed/self employed _____

USE THIS SPACE FOR ANY INFORMATION YOU WOULD LIKE TO ADD.

CHSRA Offices Held in District or State

Year	District or State?	Office Held	Duties

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Work Experience

Date of Employment	Job Title	Company / Person	Description of Work

School Related Extracurricular Activities

Year	Name of Activity	Office Held	Awards or Honors

Non-School Related Community Service Activities

Year	Name of Activity	Office Held	Awards or Honors

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1. ATTACH YOUR SEALED TRANSCRIPT WITH SCHOOL SEAL AND SEALED IN A SCHOOL LETTERHEAD ENVELOPE.
2. ATTACH COPY OF LETTER OF ACCEPTENCE IF ATTENDING FOUR YEAR COLLEGE OR UNIVERSITY.
3. ATTACH COPY OF PROOF OF SAT OR ACT SCORES, IF APPLICABLE, FOR VERIFICATION BY COMMITTEE.
4. ATTACH YOUR HANDWRITTEN OR TYPED ESSAY TELLING YOUR PERSONAL STORY TO THE COMMITTEE, HOW YOU PLAN TO USE THE SCHOLARSHIP, AND WHAT YOU PLAN TO DO IN THE FUTURE. MAY BE ONE or TWO PAGES, BUT NOT EXCEED TWO PAGES.
5. ATTACH YOUR LETTER OF RECOMMENDATION FROM YOUR ADULT CHSRA STATE OFFICER, DISTRICT OFFICER, OR STATE REPRESENTATIVE.
6. ATTACH YOUR LETTER OF RECOMMENDATION FROM PERSON NOT RELATED OR INVOLVED IN RODEO (TEACHER, MINISTER, EMPLOYER, ETC.)
7. USE ONLY THE APPLICATION FORM PROVIDED.
8. ALL SCHOLARSHIP INTERVIEWS WILL TAKE PLACE DURING STATE FINALS IN BISHOP.
9. PLEASE DO NOT INCLUDE PICTURES, THEY WILL BE DISCARDED.

NOTE:

All Scholarship Applications must be postmarked by Monday, May 18th.

CHSRA - Scholarship
PO Box 583
Oakdale, CA 95361

Please contact the CHSRA Scholarship Program Chairperson with any questions or clarifications.

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