



NSBA Foundation Scholarship Application

GENERAL INFORMATION:

1. The National Snaffle Bit Association will award two scholarships annually in the amount of \$1,000 each.
2. The National Snaffle Bit Association Scholarship Program is open to any NSBA member who will be attending an accredited college or university on a full-time basis for a minimum of 12 credit hours.
3. Application for a scholarship must be made within one year of graduation from high school.
4. Applicants must have an accumulative grade point average of 3.0 (B) on a four point scale.
5. This application must be postmarked no later than February 1 of the year in which the applicant wishes to receive the scholarship. Faxes will not be accepted.
6. Scholarship funds will be paid directly to the institution and will not be issued to the student or their family. If awarded an NSBA Scholarship, it is the responsibility of the recipient to notify the NSBA office of the college or university they will be attending and the necessary information for contact with the financial aid department.
7. All applications and supporting material become the property of NSBA and will not be returned.
8. All blanks on the application must be filled. If a blank is not applicable, please mark as N/A. An application that is not completely filled out will be returned. (Application may be resubmitted if postmark deadline is met.)
9. Scholarship Applications will be sent to:

National Snaffle Bit Association /Foundation Scholarship
4203 Grove Ave.
Gurnee, IL. 60031
10. For further information contact the NSBA Office at 847-623-6722.



Applicant's Personal Information:

Name: _____ Date of Birth: _____
Social Security Number: _____
NSBA ID #: _____
Phone: (_____) _____
E-mail: _____
Address: _____ City: _____
State: _____ Zip: _____

Family Information:

Father's Name: _____ Date of Birth: _____
Social Security Number: _____
NSBA ID #: _____
Phone: (_____) _____
E-mail: _____
Address: _____ City: _____
State: _____ Zip: _____

Mother's Name: _____ Date of Birth: _____
Social Security Number: _____
NSBA ID #: _____
Phone: (_____) _____
E-mail: _____
Address: _____ City: _____
State: _____ Zip: _____

Guardian or Other: _____ Date of Birth: _____
Social Security Number: _____
NSBA ID #: _____
Phone: (_____) _____
E-mail: _____
Address: _____ City: _____
State: _____ Zip: _____



CATEGORY I – 30% of total application score

Indicate Career Goal: _____

How long will you be in school to achieve this goal? _____

Please include a separate, 500-word or less explanation of your educational plans and goals.

Scholastic Record

<u>Name of School</u>	<u>Location</u>	<u>Dates Attended</u>

High School GPA adjusted to a 4-point scale _____ (Attach high school transcript)

Class Rank _____ of _____

College Entrance Exam Score: ACT _____ SAT _____
Score Score

ACT _____ SAT _____
Percentile Percentile

Names of college(s) to which you are applying in order of preference:

1. _____
2. _____
3. _____



CATEGORY II- 35 % of total application score

Horse Activities:

Breed membership: _____ Years _____

Regional/State/Organization Activities:

_____ Year _____
_____ Year _____
_____ Year _____
_____ Year _____
_____ Year _____

NSBA Membership: _____ Year _____

Activities:

_____ Year _____
_____ Year _____

Awards:

Name of Horse: _____ Year of Competition _____

Awards: _____

Name of Horse: _____ Year of Competition _____

Awards: _____

Name of Horse: _____ Year of Competition _____

Awards: _____

(Attach additional page if needed)



CATEGORY III - 20 % of total application score

Extracurricular Activities:

Academic Activities

- . Honors _____ Year _____
- _____
- _____
- . Awards _____ Year _____
- _____
- _____
- . Offices _____ Year _____
- _____
- _____
- . Activities _____ Year _____
- _____
- _____
- _____

Community Activities

- . Activities _____ Year _____
- _____
- _____
- . Clubs _____ Year _____
- _____
- _____
- . Employment _____ Year _____
- _____
- _____
- . Service Activities _____ Year _____
- _____
- _____
- _____

(Attach additional page if needed)



CATEGORY IV - 15 % of total application score

References:

The applicant must have submitted on his/her behalf at least three (3) recommendation forms. These forms must be sent, separate from the application directly to NSBA by the individual making the recommendation and must be written on the approved form. List those you have requested to write recommendations.

Academic:

Name: _____

Address: _____

City: _____ State: _____

Equine:

Name: _____

Address: _____

City: _____ State: _____

Personal:

Name: _____

Address: _____

City: _____ State: _____

I have personally prepared this application and believe it to be correct:

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____ DOB: _____