

APPLICATION FOR THE MARIE WELCH
MEMORIAL SCHOLARSHIP

Please provide the following information:

Name _____
Address _____
Birth date _____

Member of CAHC Yes _____ No _____
If no, name of immediate family member who belongs to CAHC _____
Relationship _____

Name of accredited college/vocational school you are attending or have been accepted to:

Address _____
Phone number and contact person if known _____

Enclose the following documents:

- 1.) An essay of approximately _ page in which you discuss how receiving this scholarship will help you attain your goal.

- 2.) Two letter of recommendation from any of the following: teacher, minister, employer, riding instructor etc. (not family members).

- 3.) Resume

Please return application, essay, résumé and letters of recommendation to Northern Division
CAHC c/o Donna Brown 8167 N. C. R. 11 Wellington, CO 80549.

Applications must be post marked by June 15.