

Colorado Hunter Jumper Association
Educational Scholarship Application

Please Type or Print

Name: _____
Address: _____
City/State/ Zip: _____
Phone: () _____
Social Security # _____

Educational Institution to which you have been accepted:

Address: _____
City/ State/ Zip: _____
School Phone: () _____
Registration Date _____
Student ID number if known _____
Major or Course of Study _____
Planned _____

Current High School, College, or other school _____
Address _____
City/State/Zip _____
Phone() _____

Category of Scholarship applying for (see Scholarship Information) _____

Applications must be accompanied by all items listed under requirements.

Mail three copies of complete application materials by regular mail to:

Carol O'Meara
8595 East Mineral Circle
Centennial, CO. 80112

Application Deadline May 1