



CALIFORNIA STATE HORSEMEN'S ASSOCIATION INC:
CHARITABLE TRUST REQUEST FOR SCHOLARSHIP MONIES
(PRINT ALL INFORMATION)

NAME _____ BIRTH DATE _____ / _____ / _____
MONTH/DATE/YEAR

ADDRESS _____ SSN # _____
STREET ADDRESS OR P O BOX

CITY STATE ZIP

SCHOLARSHIP NAME _____ YEAR WON _____

AMOUNT OF SCHOLARSHIP \$ _____

The scholarship is to be used for tuition, books, or lab fees associated with attendance at a vocational school, 2-year college, 4-year college, graduate school or certificate course applicable to the winner's career goals through an accredited school. Funds will be sent directly to the school for the benefit of the scholarship winner and may not be distributed to the individual.

Note: If desiring to use funds to attend a clinic, approval of the Trust must be obtained in advance. Please review the requirements in the current rulebook and contact the Trust a minimum of 60 days in advance of the event and/or date money is required to obtain approval for this use.

Funds not claimed before the recipient's 25th birthday will revert to the originating junior scholarship fund. Funds not claimed within 4 years of award date will revert to the originating senior scholarship fund. It is the responsibility of the recipient to manage this time line. No notification of pending expiration will be provided by the Charitable Trust nor The California State Horsemen's Association.

NAME UNDER WHICH RECIPIENT IS ENROLLED: _____

SCHOOL NAME _____

ATTENTION: _____
NAME OF DEPARTMENT; E.G. STUDENT AID

SCHOOL'S ADDRESS _____
CITY STATE ZIP

TO REDEEM YOUR SCHOLARSHIP, COMPLETE THIS FORM AND MAIL IT TO:

THE CALIFORNIA STATE HORSEMEN'S ASSOCIATION
ATTN: CHARITABLE TRUST
PO BOX 1228, CLOVIS, CA 93613

FOR TRUST USE ONLY:

VERIFIED & PAID _____ CHECK # _____
(CSHA TRUST TREASUER)

DATE MAILED _____ CERTIFIED # _____
(MONTH/DATE/YEAR)