



CPHA FOUNDATION SCHOLARSHIP APPLICATION

DEADLINE: June 15

CPHA Foundation Scholarships are available to the following: 1.Children of CPHA professional members including a dependent of a professional who has been entrusted with care and/or guardianship. 2. Working Student who is working for a professional directly or in the equestrian field of jobs and is 25 yrs. or younger. 3. Member: May be a professional member. Applicants and professionals must be current members of the CPHA and been a member for at least one year. These scholarships may be used for accredited college education or trade schools. The Foundation Scholarship Review Committee will review scholarship applications and the CPHA Foundation Board of Directors will select recipients. Applications received after the deadline and/or incomplete applications will not be considered. If you have any questions regarding eligibility for this scholarship please contact the CPHA Foundation at (818) 955-9500.

Applicant's name: _____ Sex: Male Female

Address: _____ Date of Birth: _____

City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

Parent(s) or Legal Guardian(s) if Applicable:

CPHA Member #: _____

High School, college or trade school attended: _____

Date of Graduation: _____ Intended Field of Study: _____

Name of College You Wish To Attend: _____

Have You Been Accepted To This College: Yes No Please Attach Acceptance Letter if Available

Why have you chosen this school? _____

FINANCIAL INFORMATION

Financial information provided on this application will remain confidential.

Estimated Amount of Funds Needed For First Year Tuition Only: _____

The following statement best expresses how my college expenses will be met:

Income from my immediate family Other: _____

Do you plan to work while attending college? Yes No

Please indicate which amount best describes your family's annual gross income reflected in U.S. dollars:

Less than \$25,000 \$25,000 to \$50,000 More than \$50,000

**If you receive this award you will be required to send a picture of you and your sponsor plus writing an essay

of what this means to you.

Why are you are seeking financial assistance to attend college: Please submit 250-500 words:

Lined area for writing the response.

Verification By Applicant

I hereby certify the statements recorded in this application are true and accurate. I meet all requirements set forth by the CPHA Foundation...

My Signature of Acceptance: Signature of Applicant Date

If Applicant is 18 Years of Age or Younger: Signature of Parent or Guardian Date

COMPLETE AND RETURN APPLICATION AND SUBMIT MATERIALS TO:
PHONE: (818) 955-9500 FAX: (818) 558-5772
CPHA FOUNDATION
10153 1/2 Riverside Dr., Suite 391
Toluca Lake, CA 91602