

Green Mountain Horse Association  
**2010 Working Student Scholarship Program Application**

NAME	PHONE	
ADDRESS	PHONE #2	
CITY	E-MAIL	
STATE	ZIP	DATE OF BIRTH
SOCIAL SECURITY #	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
<b>EDUCATION</b>		
I AM CURRENTLY ATTENDING SCHOOL AT:		
I WILL BE FINISHING MY _____ YEAR OF SCHOOL THIS SPRING.		
<input type="checkbox"/> I WOULD LIKE TO RECEIVE SCHOOL CREDIT FOR MY WORKING STUDENT POSITION AT GMHA, IF POSSIBLE. I understand that if I receive a working student position, I will need to present and discuss the details of my school's requirements with GMHA to ensure that they can be met.		
<b>FINANCIAL INFORMATION</b>		
2009 IRS Documentation MUST attached to verify total family income. This information will be kept confidential.		
How many adults and children are in your immediate family?		
Please list and explain any special circumstances that the Scholarship Committee should be aware of:		
Do you currently have a job? Please list and describe your current and any past employment history.		

**Please answer the questions below as completely as possible- use a separate sheet of paper if necessary.**

**Questions should be answered by the APPLICANT ONLY- parents are encouraged to submit their own comments along with this application.**

1. Why do you want to become a Working Student at GMHA? What do you hope to gain from your experience?
  
  
  
  
  
  
  
  
  
  
2. Have you been involved in GMHA activities before? Please describe.

3. Do you own a horse? How often/what type of riding do you do? Do you plan to compete this summer?
  
4. Do you have long term educational and/or professional goals? If so, please explain.
  
5. What skills do you possess that would make you an asset to GMHA?
  
6. What aspects of working at GMHA interest you the most?

**AVAILABILITY**

I am available to work 20-30 hours per week beginning on: \_\_\_\_\_ Ending on: \_\_\_\_\_

I am available for some evening or weekend training sessions prior to beginning work.

**REFERENCES**

Please list below three references. Letters of recommendation are encouraged but not required.

REFERENCE 1

NAME	RELATIONSHIP
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PHONE NUMBER	ADDRESS
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REFERENCE 2

NAME	RELATIONSHIP
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PHONE NUMBER	ADDRESS
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REFERENCE 3

NAME	RELATIONSHIP
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PHONE NUMBER	ADDRESS
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**Please return completed application to GMHA**

P.O. Box 8

South Woodstock, VT 05071

(802) 457-1509 phone

(802) 457-4471 fax

e-mail: [kmanner@gmhainc.org](mailto:kmanner@gmhainc.org)

web: <http://www.gmhainc.org>