



# CPHA FOUNDATION SCHOLARSHIP APPLICATION

**DEADLINE: August 1, 2024**

**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:

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**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. I understand if any statement presented in the application is untrue I may be disqualified. If selected as a recipient, I understand I may be publicly listed as a CPHA Foundation Scholarship recipient and also agree to appear in person at a requested CPHA event to publicly speak about the receivership of said scholarship. Acceptance of this scholarship under fraudulent or misrepresentation will not be tolerated and funds must be returned to the CPHA Foundation. Funds will be sent directly to the institution of study.

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