



APPLICANT INFORMATION

Last Name:	First Name	Middle Initial:	
Address:	City:	State:	Zip:
Phone:	Email:	Date of Birth:	
Cummulative GPA:	Are you the first in your family to attend college:		

List any academic awards, honors or membership activities involved in:

List any extracurricular activites, hobbies, volunteer activities or outside interests:

Legal Guardians:

What are the educational goals of the applicant:

Bachelors Degree
 Vocational School
 Associates Degree
 Masters Degree
 Technical School

Have you applied for other financial assistance: Yes No *If yes, please explain.

Estimated financial need remaining:

Anticipated Date of Graduation:	How many credits is applicant enrolled in:
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HORSE RACING INVOLVEMENT / RELATIONSHIP

Please explain your current involvement / relationship to horse racing:

SCHOOL INFORMATION

School Name:	Student ID:		
Mailing address for scholarship:	City:	State:	Zip:
School Contact:	School Phone:		

Please specify program or area of study:

PLEASE ALSO INCLUDE:

- Brief essay explaining why you should receive a Sam Thompson Memorial Foundation Scholarship
- Unofficial transcript Itemized statement from the University Current class schedule
- Thank you note for donors Two referencacs