



Applebaker Memorial Scholarship Application Form

In order to comply with the guidelines for BCHO's 501(c)(3) Non-Profit status, donated monies are tracked and allocated using the BCHO Grant Process. The Scholarship request must be related and coincide with the BCHO mission.

REQUESTING INDIVIDUAL

Name of individual _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____

Email _____

CHAPTER INFORMATION

BCHO Chapter Affiliation: _____

BCHO Chapter Presidents Name Providing Endorsement: _____

(Chapter President Endorsement may include additional comments if appropriate)

SCHOLARSHIP INFORMATION

Scholarship Request Description:

Requested Amount: _____

Training Location: _____

Describe your horsemanship, horse packing, & Leave No Trace, experience.

Describe your long-term goals and priorities as related to this request:

Additional Information: _____

Estimated start date: _____ Estimated completion date: _____

If Scholarship is for travel expenses or donated items, initial here if tax receipt of in kind donation is requested in lieu of reimbursement: _____

Amount of Scholarship cost contributed by chapter: _____

Signature of Applicant _____ Date _____

Include any supporting documents and Send your completed Scholarship Form to grants@bcho.org

Or mail to:

BCHO Scholarship Application
16580 Noble Drive
Oregon City, OR 97045

COMPLETION REPORT

After completion of the project, please provide the following information.

Attach all of the following:

1. Date of Scholarship completion
2. Date your report is submitted
3. Narrative of your experience after completing your education.
4. Pictures of your education experience.
5. Narrative of your experience suitable for publication if different from #1 above.
6. Explanation and signed check for any funds being returned to BCHO.
7. Original receipts for all expenditures paid for by the Scholarship or request for reimbursement as well as chapter contribution expenses.
8. Please send this information to the address above.