



# ASHAV Scholarship Application

## References

Letters of recommendation must be submitted by at least two, and no more than four, individuals who are not members of your family. These letters must be signed and sent directly to the Scholarship Chairman by those making the recommendations. One reference must be an education professional (principal, advisor, teacher), and one must be someone qualified to comment on your Saddlebred activities (trainer, instructor, member of barn family).

### PLEASE LIST REFERENCES

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_



## ASHAV Scholarship Application

Applicant's Name: \_\_\_\_\_

To: Reference for Scholarship Applicant

From: American Saddlebred Horse Association of Virginia

Re: Letter of Recommendation for ASHAV Scholarship

You have been asked by this applicant to write a recommendation for an American Saddlebred Horse Association of Virginia Scholarship.

Your comments will be carefully considered by the selection committee in the evaluation of the candidate, along with scholastic records, test scores, extracurricular and Saddlebred horse activities. Please include in your letter the attributes and achievements you feel make this application worthy of receiving a scholarship.

Please complete the enclosed form, using additional pages if required and return to:

**Amanda Ohlson**

**ASHAV Scholarship Recommendation**

**17233 Marylee Drive**

**Abingdon, VA 24210**

by January 20, 2025. If you have any questions, please feel free to contact the Scholarship Chair.

Thank you for participation in the ASHAV Scholarship Program.



## ASHAV Scholarship Application

Name of reference \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Name of applicant \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity do you know the applicant? \_\_\_\_\_

Please submit a typewritten letter of recommendation, indicating the qualities you have observed that suggest he or she should be awarded an ASHAV scholarship.

Signature \_\_\_\_\_

Date \_\_\_\_\_