

## Virginia HBPA Scholarship Application

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

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

\_\_\_\_\_

Telephone : \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Field of study or intended continuing education:

\_\_\_\_\_

\* \* \* \* \*

### REQUIREMENTS: (submit with application)

- College, Vocational School, or Apprenticeship documentation.
- Proof of thoroughbred employment or family relationship.
- Short cover letter describing your future plans.

Signature: \_\_\_\_\_

Please send, fax, or email to:

Virginia HBPA  
38-C Garrett Street  
Warrenton, VA 20186  
(fax) 540-347-0034  
(email) [fpetramalo@msn.com](mailto:fpetramalo@msn.com)