

## Alex Mooney Memorial Scholarship Application

Alex Mooney loved horses, and in particular, the Morgan horse. The Morgan Grand National & World Championship Morgan Horse Show<sup>®</sup>, members of the Morgan horse community, friends and admirers of the courage, passion, determination, dedication and drive of Alex Mooney are pleased to offer a scholarship in her memory. Alex's Army against cystic fibrosis marches on!

The Grand National & World Championship Morgan Horse Show<sup>®</sup> will award a minimum of \$5000 annually for undergraduate Academic Scholarship(s) (Section 1) and/or Professional Development (Section 2). The Professional Development Awards are limited to graduate students or individuals working in or supporting activities associated with cystic fibrosis.

**Deadlines:** Application deadline is June 30<sup>th</sup>.  
Recipients will be notified by September 1<sup>st</sup>.

### SECTION 1

**Academic Scholarship Criteria:** For students who are entering or are currently enrolled in accredited<sup>1</sup> Colleges, Universities, Community Colleges, Trade or Technical Schools. Consideration will be given to academic achievement, financial need, community service and personal attributes.

Applicants must have or have had involvement with the Morgan horse.

Extra consideration will be given to academic paths that support cystic fibrosis research, families and patients.

Extra consideration will also be given to community service in support cystic fibrosis.

Two (2) letters of recommendation from unrelated individuals are required. These letters should support criteria mentioned above.

Applicants must reside and attend school in the United States of America.

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<sup>1</sup> See <https://ope.ed.gov/dapip/#/home>

Applicants should possess and maintain a minimum GPA of 3.0 (on a 4-point scale) at the time of application. Copies of your official high school and/or college, university etc. transcripts should either be submitted with the application or mailed by your school to the application address.

Applicants may be invited to a telephone interview.

If contacted by the Grand National & World Championship Morgan Horse Show®, recipients will be expected to describe how the scholarship assisted in their formal education or personal development for up to three (3) years after receiving the funds.

**Academic Scholarship Uses:**

Recipients should have eligible academic expenses not fully funded by other scholarships or grants. Eligible academic expenses include tuition, course-related fees, computers/tablets, textbooks and supplies required for course enrollment.

Recipients may be enrolled on a full-time or part-time basis.

The funds will be withheld until such time the recipient provides proof of payment for tuition for one semester or session in an accredited College, University, Community College, Trade or Technical School.

The scholarship must be requested between January 1st and December 31<sup>st</sup> in the year following the award.

Confidential when completed

PERSONAL INFORMATION

Legal name in full \_\_\_\_\_

(Print/type) Last name First name Middle name

Date of birth \_\_\_\_\_

Name you prefer to be called Date of birth

Permanent residence \_\_\_\_\_

Number, Street, and Apartment Number

City/Town State Zip

Home phone number Cell number Email

CONNECTION TO THE MORGAN HORSE

Describe your involvement with the Morgan Horse.

ACADEMIC INFORMATION

Current school \_\_\_\_\_

Address \_\_\_\_\_

City/Town State Zip

Anticipated graduation date (month/year) \_\_\_\_\_

Current grade point average \_\_\_\_\_ out of \_\_\_\_\_ (remember to send the transcripts)

School you plan to attend if not already enrolled \_\_\_\_\_

What is your study program? \_\_\_\_\_

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FINANCIAL INFORMATION

Amount of Funding Requested \$ \_\_\_\_\_

Explain why you are applying for this scholarship and how it would be used if awarded.

List honors, awards and scholarships already received and their value.

Are there any special circumstances that we should know regarding your financial situation?

Confidential when completed

#### COMMUNITY SERVICE & ACTIVITIES

Describe your most important service to the community activity. What was your contribution to the activity and what did you learn from it?

Describe your most important extracurricular activity, not listed above. What was your contribution to the activity and what did you learn from it?

How will your desired career make a difference, benefiting you and your community?

Confidential when completed

## CHARACTER

If your best friend was asked, "What they like best about you", what would they say?

If your favorite teacher or professor was asked, "What is your best quality", what would they say?

If your parent or guardian was asked, "What do they most get on your case about", what would they say?

Confidential when completed

OTHER

Is there any additional information the Selection Committee should know that would assist in their decision-making?

TO BE READ AND SIGNED

I hereby submit my application for consideration of an Alex Mooney Memorial Academic Scholarship. I understand this application will be available only to those on the Selection Committee. I waive the right to have access to letter of recommendation written on my behalf. I authorize the Selection Committee to verify any information contained in this application. I acknowledge that the information contained in this application is, to the best of my knowledge, true and accurate. If selected I will allow my name and home City/Town and State to be publicized.

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Student name (print)	Signature	Date
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Name of Parent/Guardian (print) (if applicant is under 18)	Signature	Date
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SEND APPLICATIONS TO:

Alex Mooney Memorial Scholarship  
c/o Kelly McFaul  
206 S Lark Ln  
Wichita, KS 67209

## SECTION 2

### Professional Development Award Criteria:

For professionals and support personnel desiring to further their abilities in the areas of cystic fibrosis research, patient care and family support.

The one-time award is intended to develop the skills of an individual working in the field cystic fibrosis that has financial need.

Two (2) letters of recommendation from unrelated individuals are required.

Applicants must reside in the United States of America.

Applicants may be invited to a telephone interview.

Recipients are expected to describe how the award assisted in their personal or skill development within a year of receiving the award.

### Professional Development Award Uses:

Recipients should have eligible expenses not fully funded by an employer, other scholarships or grants to attend a conference, workshop or course. Eligible expenses include tuition, conference registration, other attendance-related fees.

The funds will be withheld until such time the recipient provides proof of payment for all claimed expenses.

The scholarship must be requested between January 1st and December 31<sup>st</sup> in the year following the award.



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#### CYSTIC FIBROSIS CONNECTION

What is your professional connection to cystic fibrosis?

#### INTENDED USE

Explain why you are applying for this award and how it would be used if awarded.

#### FINANCIAL INFORMATION

Amount of Funding Requested \$ \_\_\_\_\_

Are there any special circumstances that we should know regarding your financial condition?

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#### COMMUNITY SERVICE & ACTIVITIES

Describe your most important service to the community activity. What was your contribution to the activity?

#### CHARACTER

If your best friend was asked, "What they like best about you", what would they say?

If your supervisor was asked, "What is your best quality", what would they say?

Confidential when completed

TO BE READ AND SIGNED

I hereby submit my application for consideration of an Alex Mooney Memorial Professional Development Award. I understand this application will be available only to those on the Selection Committee. I waive the right to have access to letter of recommendation written on my behalf. I authorize the Selection Committee to verify any information contained in this application. I acknowledge that the information contained in this application is, to the best of my knowledge, true and accurate. If selected I will allow my name and home City/Town and State to be publicized.

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Student name (print)	Signature	Date
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Name of Parent/Guardian (print) (if applicant is under 18)	Signature	Date
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