



Alex Mooney Memorial Scholarship Application

Alex Mooney loved horses, and in particular, the Morgan horse. The American Morgan Horse Educational Charitable Trust (AMHECT), the Grand National & World Championship Morgan Horse Show[®], 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 AMHECT will award a minimum of \$5,000 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. The recipients will be recognized at the Grand National & World Championship Morgan Horse Show[®] in October.

Deadlines: Application deadline is June 30, 2023
Recipients will be notified by September 1, 2023

SECTION 1

Academic Scholarship Criteria: For students who are entering or are currently enrolled in accredited¹ 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 of Cystic Fibrosis.

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

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.

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 AMHECT, 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.

For applicants still attending high school, funds will be withheld until completion of one semester in an accredited College, University, Community College, Trade or Technical School and proof of enrollment in the following semester must be provided before a check will be issued. For applicants already enrolled in an accredited College, University, Community College, Trade or Technical School, the funds will be withheld until such time the recipient provides proof of payment for tuition for a subsequent semester or session in the accredited College,

Confidential when completed

University, Community College, Trade or Technical School
the applicant is attending.

The scholarship funds must be requested by December 31st
of the year following the year in which the award was
made.

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.

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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? _____

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.

Confidential when completed

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

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?

Confidential when completed

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?

CHARACTER

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

Confidential when completed

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(s) 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.

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:

American Morgan Horse Educational Charitable Trust
Attn: Alex Mooney Memorial Scholarship
4037 Iron Works Pkwy Ste 130
Lexington, KY 40511-8508

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 of 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 1 and December 31 in the year following the award.

CYSTIC FIBROSIS CONNECTION

What is your professional connection to Cystic Fibrosis?

Confidential when completed

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?

Confidential when completed

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(s) 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.

Student name (print)

Signature

Date

Name of Parent/Guardian (print)
(if applicant is under 18)

Signature

Date

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