

**HARRIET LYNN NORRIS MEMORIAL TRUST**  
**Scholarship Application**

**PURPOSE:** To provide opportunity for deserving students who are members of the North Carolina Quarter Horse Association to further their education in schools or institutions of their choice. These awards will be given to students who attain acceptable scholastic grades.

**APPLICATION:** Competition is open to all students of high school senior rank or higher. Applications for prospective applicants may be obtained from the North Carolina Quarter Horse Association or a Trustee. These forms should be completed and returned by **APRIL 15** to the Harriet Lynn Norris Memorial Trust, c/o Judy Sullivan, 6613 Gaywind Drive, Charlotte, NC 28226.

**AMOUNT OF THE AWARD:** The amount of the scholarship is to be determined by the Trustees. The scholarship will be for the forthcoming school year only and will be paid in the following manner: The amount of the scholarship will be deposited with the proper disbursing officers at a school or institution of the applicant's choice, prior to the beginning of the fall term. If, for some reason, the applicant does not use the scholarship, the amount of the scholarship will be retained in the Harriet Lynn Norris Memorial Trust.

**QUALIFICATIONS:** (Listed in order of importance)

1. Active participation in NCQHA  
(MUST BE A CURRENT MEMBER AS WELL AS A MEMBER TWO YEARS

PREVIOUS)

2. Scholastic record
3. Applicant's desire for higher education
4. Winners must be eligible for admission to and must enroll in selected school or institution for the upcoming school year.

**REQUIREMENTS:**

1. Applicant must include current photo with application.
2. Current official transcript from school presently attending.
3. Recommendation of principal, advisor, or faculty member from school presently attending.

**TIME OF APPLICATION:** All applications must be completed and forwarded to the Harriet Lynn Norris Memorial Trust, c/o Judy Sullivan, 6613 Gaywind Drive, Charlotte, NC 28226, and **postmarked no later than APRIL 15** for consideration.

The information on the application and any attached papers will be treated in strict confidence.

All applications become the property of the Harriet Lynn Norris Memorial Trust.

Judges will be appointed by the Trustees and will be composed of respected citizens not connected with the North Carolina Quarter Horse Association. Final decisions are at the discretion of the Board of Trustees.

Board of Trustees  
Harriet Lynn Norris Memorial Trust

Revised: January, 2008

HARRIET LYNN NORRIS MEMORIAL TRUST  
SCHOLARSHIP AWARD  
(TO BE COMPLETED BY STUDENT APPLICANT)  
(Please Print or Type)

Name of Applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Number & Street) (City) (State) (Zip)

School \_\_\_\_\_

Major Subjects \_\_\_\_\_

Minor Subjects \_\_\_\_\_

Special talents or abilities \_\_\_\_\_

Participation in school connected clubs, sports, groups with awards received or office held: \_\_\_\_\_

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Hobbies, personal interest and community service \_\_\_\_\_

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Did you participate in or at the following NCQHA activities and how

Any of the All Novice Shows - Yes\_\_\_\_\_ No\_\_\_\_\_

Triple Classic Shows - Yes\_\_\_\_\_ No \_\_\_\_\_

NCQHA Futurity Yes \_\_\_\_\_ NO \_\_\_\_\_

NCQHA Annual Convention Yes\_\_\_\_\_ No \_\_\_\_\_

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Name of school you prefer to attend or are now attending: \_\_\_\_\_

Major Courses you hope to take: \_\_\_\_\_|\_\_\_\_\_

Do you have a definite career in mind?\_\_\_\_If so, what plans are you making to achieve it \_\_\_\_\_

Fathers name\_\_\_\_\_Mothers name\_\_\_\_\_

Are you a current member of NCQHA and have you been a member of NCQHA for the past two years\_\_\_\_\_ On a separate sheet of paper describe your activities in NCQHA being careful to list offices held, specific activities participated in, etc.

On a separate sheet in your own handwriting write an expression on why you wish to continue your education and your vocation plans. Describe how you intend to finance your education.

I certify that the answers above are, to the best of my knowledge, true and complete.

Signed:\_\_\_\_\_

Applicant

(After completing this form, please return it with a current photo to the address shown on the instructions.)

**HARRIET LYNN NORRIS MEMORIAL TRUST  
SCHOLARSHIP AWARD**

(TO BE COMPLETED BY PRINCIPAL, ADVISOR, OR FACULTY MEMBER)

(Please Print or Type)

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

Name of School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Applicant's standing in his class:    Upper 25% \_\_\_\_\_    Upper 50% \_\_\_\_\_  
   Lower 50% \_\_\_\_\_    Lower 25% \_\_\_\_\_

Applicant's general character is: Excellent: \_\_\_ Good: \_\_\_ Avg: \_\_\_ Below Avg: \_\_\_

Applicant gets along with fellow students: Well \_\_\_ Avg \_\_\_ Below Avg \_\_\_\_\_

The attitude of the applicant towards his work and his school supervisors is  
Excellent \_\_\_ Average \_\_\_ Below Average \_\_\_ Poor \_\_\_

In your opinion is the applicant deserving of this scholarship: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(If further explanation is necessary, use back of form)

Applicant's scholastic record (Please attach official transcript along with SAT or ACT  
and all other scores on standardized testing)

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Principal, Advisor, or Faculty Member)

(Please sign and submit this form and all pertinent information directly to the following:

Harriet Lynn Norris Memorial Trust  
c/o Judy Sullivan  
6613 Gaywind Drive  
Charlotte, NC 28226