

IDAHO HIGH SCHOOL RODEO SCHOLARSHIP APPLICATION

RODEO CLUB ADVISOR/DIRECTORS RECOMMENDATION

Advisor/Director: Please complete the following form and return it to your District Scholarship Chairperson to be attached to the participant's scholarship application.

APPLICANTS NAME _____

Club Name _____ District _____

Number of years applicant has participated in High School Rodeo _____

Participation Level of Applicant:

Attendance: Local club meetings _____

District meetings _____

Support: Fund Raising _____

Work Projects _____

Promotions _____

Mentoring/Tutoring others _____

Using this information as well as other knowledge you may have of the applicant's qualifications for a scholarship, please rate the applicant on a scale of 1 – 5 with 1 being poor and 5 being excellent:
(Mark appropriate number with an X)

1

2

3

4

5

Signature _____