

2016-2017 NEW ENGLAND HBPA SCHOLARSHIP GUIDELINES

(Trainers, Spouse and Children of the Trainer ONLY)

1. The applicant must be a graduate of an accredited high school or preparatory school and the applicant must have an acceptance of admission to an accredited college, institution or university, or the applicant must be a full time student at an accredited college, institution or university.

2. Applicant must fill out the application in detail and supply all requested information.

3. Applicant must be one of the following

- a) A licensed Trainer and New England HBPA member
- b) A Child of a licensed New England HBPA member
- c) A spouse of a licensed Trainer and New England HBPA member

4. The applicants parent or spouse, has been a licensed Trainer at Suffolk Downs for at least one year prior to the date of the application. **Temporary exception will be made to go back and grandfather in the 2014 racing season**

5. Scholarships are available based on funding available. Any funding will be distributed based on those funds and the number of applicants. The MAX amount distributed per calendar year will be \$1,000.00. Again funds will be distributed based on the total funds in the scholarship account and the number of applicants

6. The open enrollment period is from **Jan 1st 2017 thru February 15th 2017.** **This is retroactive for 2016.** At that time all applications will be reviewed and processed. **The 2017 enrollment period is April 1st 2017 to May 1st 2017**

**2016-2017 NEW ENGLAND HBPA SCHOLARSHIP
APPLICATION**

(Please print)

Last Name: _____ First Name _____

Address _____ City _____

State _____ Zip Code _____

Home Telephone _____ Cell _____

Date of Birth ____/____/____

Please enclose a copy of your tuition bill

Applicants Signature

Date ____/____/____

We declare that the information reported on this Form, to the best of our knowledge, is true, correct, and complete

Signature of parent/spouse

Name Print

Name Sign

Return to NEHBPA Scholarship Committee PO Box 338 Revere MA 0251

Date ____/____/____

Approval by NEHBPA Scholarship Committee (3 signatures)

Date ____/____/____
