

Indiana HBPA Scholarship Program

The Indiana HBPA, Inc is a not-for-profit organization committed to promoting, developing and improving the horseracing industry. The IHBPA scholarship program is sponsored, funded and administered by the Indiana HBPA Benevolence Trust. The intent of this scholarship program is to provide financial assistance to immediate family members of horsemen and women who are eligible to receive benefits from the Indiana HBPA benevolence program.

Applicants for this scholarship program must have made a formal application (and been accepted) for admittance to (or continuation in) an accredited pre-college, vocational school, college or university's academic or vocational program. The maximum amount awarded to any applicant in a calendar year is \$2500. All applications received will be reviewed by the Indiana HBPA Benevolence Trust Scholarship Committee. Pending available funds, applications will be processed for consideration in the order they are received. Incomplete applications will not be considered. If financial assistance is granted, the amount of the award will be made payable to the designated college, university or program and to be applied specifically for tuition and educational fees.

To be considered, please complete and/or attach the following forms:

- Indiana HBPA Application for Benevolence
- Indiana HBPA Scholarship Application (with following supporting materials)
 - A brief description of your career goals and how you plan to achieve them
 - Two letters of reference (for more details, see application)
 - Official copy of your **most recent** transcript (high school, college or proof of GED)
 - Copy of acceptance letter (or, if continuing education, a letter of verification) from the pre-college, vocational school, college or university where you will attend

Any questions, please contact HBPA Office at 765-265-4805.

Forms may be returned to the Indiana HBPA office at Indiana Downs or Hoosier Park during live race meets or mailed to:

F. Steven Stults, Director of Benevolence
Indiana HBPA
6348 Behner Reach
Indianapolis IN 46250

INDIANA HBPA SCHOLARSHIP APPLICATION

Name of Indiana thoroughbred license holder requesting benefits: Debra Hawkins
 License # 101244 License Type: Groom

APPLICANT'S PERSONAL INFORMATION:

Name of scholarship applicant: Debra K. Anne Hawkins
 Relationship to license holder: Self
 Permanent address: 482 E. 145th N.
 City Summitville State IN Zip 46070
 Primary email: debbieh396@cpba.com Phone 765-618-9733
 Date of Birth: 5-4-76 City and State of Birth Marion, Indiana
 Intended Career: Polysonnographic Technologist

APPLICANT'S HIGH SCHOOL INFORMATION:

High School Attended: Madison Grant
 Address, City, State, Zip: Fairmount, Indiana
 Date of high school graduation or GED completion: 6-12-94 Cumulative GPA: _____

COLLEGE/TECHNICATION SCHOOL INFORMATION:

Name of college/university/vocational program you will/do attend: Alabama School of Sleep Science + Technology
 Address, City, State, Zip: 300 N. Calhoun Blvd, Birmingham, AL

ACADEMIC ACHIEVEMENTS:

School	Location	Dates

ACTIVITIES AND ORGANIZATIONS:

Activity	Office Held	Dates

pd 9-6-11
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AWARDS, HONORS AND ACHIEVEMENTS:

Award/Honor	Presenting Organization	Date

COMMUNITY INVOLVEMENT AND VOLUNTEER EFFORTS:

Volunteer Experience	Agency/Organization	Dates

JOBS/EXPERIENCE:

Job Title	Employer	# Hr per Wk	Dates

SCHOLARSHIP AMOUNT REQUESTED: \$ 2500.⁰⁰ (maximum request per year \$2500)

PLEASE INCLUDE WITH APPLICATION:

1. A brief description of your career goals and how you plan to achieve them;
2. Two letters of reference from teachers, faculty/staff, employers, volunteer coordinators, and other adult community leaders. *(Letters of recommendation will NOT be accepted from board members, members of the scholarship review committee or applicant's immediate family members.)*
3. Official copy of your most recent transcript (high school, college or proof of GED); and
4. Copy of acceptance letter (or, if continuing education, a letter of verification) from the pre-college, vocational school, college or university where you will attend.

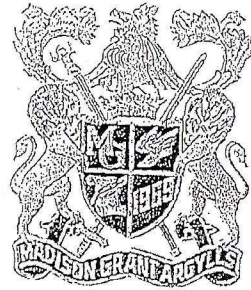
I hereby certify the statements recorded in this application are true and accurate. I meet all requirements set forth by the Indiana HBPA Scholarship Program. I understand that if any statement presented in this application is untrue, I may be disqualified from consideration. If selected as a recipient of an Indiana HBPA Scholarship award, I understand that I may be listed as a recipient and my image used in various publications.

Signature of Applicant: *Stephanie Hawkins* Date: 9-4-11

Signature of Parent/Guardian: _____ Date: _____
 (if applicant is 18 years of age or younger)

[Handwritten initials]

Madison-Grant High School

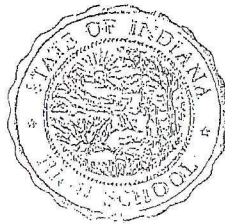


This Certifies That
Debra LeAnne Wallen
has satisfactorily completed the Course of Study prescribed by the Board of
Education for the Senior High School and is therefore entitled to this

Diploma

In witness whereof, the seal of the Board of Education and signatures
of School Officials are given this twelfth day of June, 1994.

Robert E. Hill
Superintendent
R. Larry Martin
Principal



Chas. H. Rydbeck
President of Board
Don L. Harris
Secretary of Board

PK

INDIANA HBPA BENEFIT TRUST

Debra Hawkins

Scholarship

9/6/2011

3380

2,500.00

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2,500.00

INDIANA HBPA SCHOLARSHIP APPLICATION

Name of Indiana thoroughbred license holder requesting benefits: Lisa E. Stephens
 License # 990495 License Type: OWNER

APPLICANT'S PERSONAL INFORMATION:

Name of scholarship applicant: Megan Elaine Larimore
 Relationship to license holder: Child
 Permanent address: 11920 E. 700 S.
 City Upland State IN Zip 46989
 Primary email: _____ Phone (765) 667-6129
 Date of Birth: 5/13/91 City and State of Birth Marion, IN
 Intended Career: Sleep Technician

APPLICANT'S HIGH SCHOOL INFORMATION:

High School Attended: Eastbrook High School
 Address, City, State, Zip: 560 S. 900 E. Marion IN 46953
 Date of high school graduation or GED completion: 6/2009 Cumulative GPA: _____

COLLEGE/TECHNICATION SCHOOL INFORMATION:

Name of college/university/vocational program you will/do attend: Alabama School of Sleep Medicine & Technology
 Address, City, State, Zip: Birmingham, Alabama

ACADEMIC ACHIEVEMENTS:

School	Location	Dates

ACTIVITIES AND ORGANIZATIONS:

Activity	Office Held	Dates

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AWARDS, HONORS AND ACHIEVEMENTS:

Award/Honor	Presenting Organization	Date

COMMUNITY INVOLVEMENT AND VOLUNTEER EFFORTS:

Volunteer Experience	Agency/Organization	Dates

JOBS/EXPERIENCE:

Job Title	Employer	# Hr per Wk	Dates

SCHOLARSHIP AMOUNT REQUESTED: \$ 2,500.00 (maximum request per year \$2500)

PLEASE INCLUDE WITH APPLICATION:

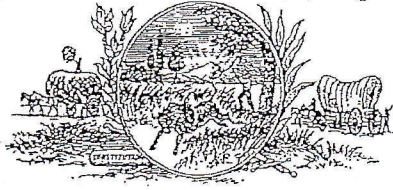
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3. Official copy of your most recent transcript (high school, college or proof of GED); and
4. Copy of acceptance letter (or, if continuing education, a letter of verification) from the pre-college, vocational school, college or university where you will attend.

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X Signature of Applicant: Megan Larimore Date: 9-1-11

Signature of Parent/Guardian: _____ Date: _____
 (if applicant is 18 years of age or younger)

Eastbrook High School

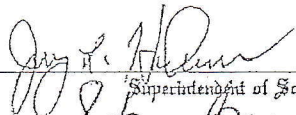
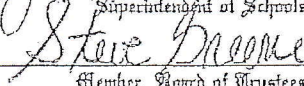


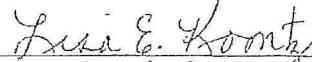
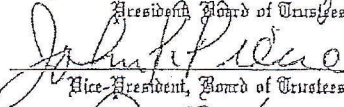
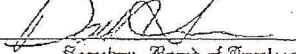
Megan Elaine Larimore


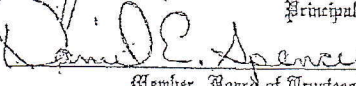
has satisfactorily completed the Course of Study prescribed by the
Board of Trustees of the Eastbrook Community Schools
Corporation and is therefore awarded this

Diploma

Presented at the Eastbrook High School, in the State of Indiana,
this month of June, 2009.


Superintendent of Schools

Member, Board of Trustees


President, Board of Trustees

Vice-President, Board of Trustees

Secretary, Board of Trustees


Principal

Member, Board of Trustees

INDIANA HBPA BENEFIT TRUST

Megan Larimore

Scholarship

9/6/2011

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2,500.00

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2,500.00

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WOODBURY & COMPANY (317) 738-2366