



Dates Attended: \_\_\_\_\_  
Beginning – End Dates (MM / YYYY)

Graduation Date: \_\_\_\_\_

High School Transcript: *Please include with application or send separately.*

### **EXTRACURRICULAR ACTIVITIES**

Include school and community unpaid activities. Please indicate the year(s) in which you participated in each activity. An additional page may be attached to this application if necessary. Please begin with your most recent activity.

Description  
of Activity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates: \_\_\_\_\_  
Beginning – End Dates (MM / YYYY)

Your Position or  
Title (if applicable): \_\_\_\_\_

Most Significant  
Contribution: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **WORK EXPERIENCE**

Include past and present employment. Submit additional sheets using this format if necessary.

Place of  
Employment: \_\_\_\_\_

Dates: \_\_\_\_\_  
Beginning – End Dates (MM / YYYY)

Job Duties: \_\_\_\_\_

\_\_\_\_\_  
Hours: \_\_\_\_\_  
Supervisor: \_\_\_\_\_

**HONORS & SCHOLARSHIPS**

May be related to school, extra-curricular activity, military service, or other. Submit additional sheets using this format if necessary.

Name of Award: \_\_\_\_\_  
Date Received: \_\_\_\_\_  
Sponsoring  
Organization: \_\_\_\_\_  
Reason for  
Receiving Award: \_\_\_\_\_

**ESSAY**

Please include an original essay (500 words or more) on your educational goals, and how these goals will help preserve horsemanship and the western lifestyle that Bill Lane cultivated through his publishing business.

**CERTIFICATION - To Be Signed By Each Applicant**

I have read and understand the enclosed information. I affirm that the information which I have provided on this application form and any additional material that I submit is complete, accurate, and true to the best of my knowledge. I understand that furnishing false information may result in revocation of my application for scholarship. I understand that the Mounted Patrol of San Mateo County Foundation has the right to use my image and my essay in its promotional material.

I authorize my school officials to give information about my academic records to the Mounted Patrol of San Mateo County Foundation    YES \_\_\_\_\_    NO \_\_\_\_\_

Applicant Signature: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Date: \_\_\_\_\_