

**National Youth Cutting Horse Association &  
Walton Family Foundation Scholarship Program and  
Cutters-In-Action Scholarship Program**

**APPLICATIONS MUST BE POSTMARKED BY June 1**

**Please read the following information carefully:**

**INSTRUCTIONS for high school seniors at the time of application:**

This form is to be completed by the high school counselor. A teacher may assist with the sections for activities and attributes.

**Note to high school counselors:**

We appreciate your taking the time to assist us in selecting the recipients of both the NYCHA/Walton Family Foundation Scholarships and the Cutters-In-Action Scholarships. Out of the applications we receive, we hope to select individuals who are likely to succeed in college, have a greater need for financial assistance and have demonstrated responsible behavior. You will be of considerable assistance in helping us make the selection by completing the counselor's form and responding to the questions truthfully.

Please do not staple attachments to this form. This section and necessary attachments **MUST** be given back to the student in a sealed envelope. Recommendation letters are not necessary and will not be judged. Attachments should be no larger than 8 ½ by 11. It is not necessary to type the information but handwriting must be legible. Please summarize your comments in the available section – do not attach additional pages for comments.

After completing the counselor's section, please include a seven (7) or eight (8) semester transcript with the following information and **RETURN TO THE STUDENT IN A SEALED ENVELOPE:**

- ACT or SAT composite score
- Class rank and class size
- Cumulative grade point average

Each of these sections will be taken into consideration by the judges in making the final selection for these scholarships.

**INSTRUCTIONS for full time college students at the time of application**

If you have previously applied for an NCHA Scholarship and submitted a copy of this form, you do not need to complete this form.

If this is the first time you have applied for an NCHA Scholarship, you may have this form completed by either your former high school counselor OR a current college advisor. Once you have completed at least one semester of full time college coursework, your high school GPA and national test scores will not be taken into consideration. This form will serve as a reference only for activities and attributes.

Incomplete applications and applications not postmarked by June 1 of the current year will be disqualified. Questions regarding the scholarship program or application process can be directed to Danette McGuire, NCHA Youth Coordinator at (817) 244-6188 or by email at [youth@nchacutting.com](mailto:youth@nchacutting.com)

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**COUNSELOR'S FORM**

Applicant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Class rank \_\_\_\_\_ out of Class size \_\_\_\_\_ GPA (Please adjust to a 4 pt scale) \_\_\_\_\_

Is this student's GPA weighted for Honors, AP or other advanced classes? Yes \_\_\_\_ No \_\_\_\_

How would you classify this student's course curriculum? General Core \_\_\_\_\_ College Prep \_\_\_\_\_ AP \_\_\_\_\_

ACT Composite (Minimum of 20) \_\_\_\_\_ ACT Percentile (National) \_\_\_\_\_

SAT Verbal \_\_\_\_\_ SAT Math \_\_\_\_\_ SAT Combined (Minimum of 950) \_\_\_\_\_

How well do you know this applicant?

Well known \_\_\_\_\_ Slightly known \_\_\_\_\_ Known by record \_\_\_\_\_ Not known \_\_\_\_\_

Please rate the applicant on a scale from 1 to 5 (circle only one response) on the following statements. NOTE: If you are not familiar with the applicant, you may allow another faculty member/teacher to rate the applicant on the following statements. Please indicate at the bottom of the application, the name and title of the person who completes this section.

1 = Poor      2 = Fair      3 = Good      4 = Above Average      5 = Excellent

The applicant's achievements reflect his/her ability . . . . .	1	2	3	4	5
The applicant's ability to set realistic and attainable goals . . .	1	2	3	4	5
The applicant's respect for self and others . . . . .	1	2	3	4	5
The applicant's ability to work well with others . . . . .	1	2	3	4	5
The applicant's leadership abilities . . . . .	1	2	3	4	5
The applicant's overall behavior . . . . .	1	2	3	4	5
The applicant's commitment to school and/or community . . .	1	2	3	4	5
The applicant's level of character and integrity . . . . .	1	2	3	4	5
The applicant's ability to follow through on tasks . . . . .	1	2	3	4	5
The applicant's chances of success in college . . . . .	1	2	3	4	5

Completed by (Please print name): \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

**Student Activities:** Please consult with the applicant and circle the five (5) activities in which the student has been most involved throughout high school.

- |                          |                                       |                           |
|--------------------------|---------------------------------------|---------------------------|
| 01 Athletics             | 10 Boy's/Girl's State                 | 19 Drill Team/Cheerleader |
| 02 Drama                 | 11 DECA/Distributive Education        | 20 Key Club               |
| 03 Student Council       | 12 FHA                                | 21 Science Club           |
| 04 Band/Choir            | 13 FFA                                | 22 Debate Team            |
| 05 Foreign Language Club | 14 Fellowship of Christian Athletes   | 23 SADD                   |
| 06 Art                   | 15 Future Business Leaders of America | 24 4-H                    |
| 07 Volunteer Group       | 16 National High School Rodeo         | 25 Journalism             |
| 08 Math Club             | 17 Church/Youth Group                 | 26 NYCHA                  |
| 09 Yearbook Staff        | 18 National Honor Society             | 27 Other _____            |

## HIGH SCHOOL COUNSELOR'S FORM (continued)

**Student's best attributes:** Please consult with the applicant and circle the five (5) qualities that best identify the student as a person. (If you are not personally familiar with this applicant, please consult with him/her to complete the following.)

- |                 |                 |                |                   |
|-----------------|-----------------|----------------|-------------------|
| A. Quiet        | H. Likable      | O. Artistic    | V. Religious      |
| B. Hard working | I. Motivated    | P. Involved    | W. Creative       |
| C. Opinionated  | J. Inquisitive  | Q. Goal Setter | X. Spontaneous    |
| D. Independent  | K. Focused      | R. Optimistic  | Y. Coordinated    |
| E. Leader       | L. Intellectual | S. Dedicated   | Z. Organized      |
| F. Outgoing     | M. Fast Learner | T. Articulate  | AA. Over-achiever |
| G. Personable   | N. Confident    | U. Volunteer   | BB. Pleasant      |

**Counselor:** Please provide us with any additional information you believe may assist the scholarship committee in evaluating the applicant. (DO NOT ATTACH ADDITIONAL PAGES)  
Please write legibly or type your comments.

Counselor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email address \_\_\_\_\_