"LEONARD OSTER MEMORIAL"

SCHOLARSHIP APPLICATION

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

HIGH SCHOOL: _____

NAME OF PARENTS: _____

PARENT PHONE NUMBER: _____

NAME OF VETERAN AND RELATIONSHIP: _____

VETERANS ADDRESS: _____

CITY, STATE, ZIP: _____

PROGRAM PLANNING ON ATTENDING: _____

NAME OF SCHOOL OR BRANCH: _____

GPA: _____

PLEASE ATTACH A 500 WORD ESSAY +OR- 5 WORDS
USING THE TOPIC OF: "WHAT IS THE MOST IMPORTANT PART OF OUR FREEDOM?"
DO NOT PUT YOUR NAME ON THE ESSAY STAPLE IT TO YOUR APPLICATION.
ATTACH PROOF OF VETERAN STATUS OF QUALIFYING VETERAN.
YOU WILL BE JUDGED ON GRAMMER, CONTENT, AND THE ABILITY TO FOLLOW DIRECTIONS.
THE ESSAYS WILL BE JUDGED BY A THIRD PARTY.
APPLICATIONS MUST BE EMAILED TO ridingforourveterans@gmail.com NO LATER THAN APRIL 1, 2026. ALL APLICATIONS MUST BE EMAILED, WE WILL NOT ACCEPT MAIL IN APPLICATIONS. FOR ANY QUESTIONS PLEASE CONTACT LARRY AT 660-322-0401.

SIGNITURE OF APPLICANT: _____ DATE: _____
BY SIGNING THIS, THE APPLICANT IF GRANTED A SCHOLARSHIP, AGREES TO ALLOW RIDING FOR OUR VETERANS INC.TO USE THEIR PICTURE AND NAME FOR PUBLICITY.