Official’s School Scholarship Application

due May 1, 2024

PERSONAL INFORMATION

Last Name: ____________________________  First: ____________________________  Middle: ____________________________

Street address __________________________________________________________

City __________________________________________ State/Province __________ Zip/Postal code ______________________

Date of birth _____/_____/______  Height _________  Weight _________  Sex _________

Home phone (            )_______________________________   Business phone (            )_______________________________

E-mail address __________________________________________

When did you have your last physical examination? ____________________________

Do you have any physical handicaps? ________________________________________

When did you have your last eye examination? ____________________________

What vision do you have? Without Correction Right 20/_____  Left 20/_____

         With Correction: Right 20/_____  Left 20/_____  

EDUCATION

<table>
<thead>
<tr>
<th>School</th>
<th>Name/Location of School</th>
<th>Course of Study</th>
<th>Years Completed</th>
<th>Degree or Diploma</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>High School</td>
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<tr>
<td>College</td>
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<tr>
<td>Graduate</td>
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<tr>
<td>Other</td>
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</tbody>
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EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)

Company Name __________________________________________ Telephone _________________________________

Location (city, state) __________________________  Employment Dates (month/year) _________________________________

Job Title and Description of Work ________________________________________________________________

Company Name __________________________________________ Telephone _________________________________

Location (city, state) __________________________  Employment Dates (month/year) _________________________________

Job Title and Description of Work ________________________________________________________________

Company Name __________________________________________ Telephone _________________________________

Location (city, state) __________________________  Employment Dates (month/year) _________________________________

Job Title and Description of Work ________________________________________________________________
EXPERIENCE AS AN OFFICIAL

<table>
<thead>
<tr>
<th>YEAR(S)</th>
<th>TRACK OFFICIAL YOU SERVED UNDER</th>
<th>CAPACITY SERVED</th>
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</table>

Have you served as an official in other sports? ___________ If yes, describe below.

<table>
<thead>
<tr>
<th>YEAR(S)</th>
<th>SPORT</th>
<th>CAPACITY SERVED</th>
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Do you have any other experience that will help you as a harness racing official?

INDUSTRY REFERENCES

List the names of at least three people who are active in the Standardbred industry as references. Racetrack management, industry organization personnel and/or racing officials preferred.

<table>
<thead>
<tr>
<th>NAME</th>
<th>POSITION</th>
<th>CITY AND STATE</th>
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<tbody>
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</table>

SIGNATURE

I hereby apply for a ROAP school scholarship sponsored by the USTA. I understand that, upon the granting of a scholarship, that the funds will be made available to me at the completion of the school.

I hereby confirm that the information and statements contained herein are correct to the best of my knowledge. In applying for a scholarship sponsored by the USTA, I agree to abide by and all USTA Rules, Regulations and Bylaws. I understand that any violation of the rules will be considered grounds for denial and may result in a fine, suspension or expulsion.

I authorize the USTA to contact and obtain information about me from previous employers, educational institutions and “references” I provided, and any other party necessary to verify the accuracy of information I disclosed in this application.

To assist in the processing of my application, I waive all rights and claims I may otherwise have against the USTA or its representatives, for seeking, and using information to evaluate my consideration for the USTA Official’s School Scholarship Program and all other persons, corporations or organizations who provide information for this purpose.

I understand that, if granted a scholarship, I must satisfactorily complete all requirements of the ROAP program. I further understand that completion of the program does not place any obligation on the USTA to find me employment as a racing official nor does submitting an application guarantee acceptance into the ROAP or scholarship programs.

I fully understand and accept all terms and conditions in the above statements.

Applicant Signature          Date

**A personal statement, typed or handwritten, providing a detailed explanation as to why you feel you should be selected for a scholarship must be included with this application **