



“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 APPLICATIONS 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.