

**THE STANDARDBRED OWNERS ASSOCIATION OF NEW YORK /  
YONKERS RACEWAY JOHN R. BRENNAN SCHOLARSHIP  
2026 - 2027 APPLICATION**

Applicant must complete this form in its entirety and return to:

Standardbred Owners Association of NY Scholarship Fund  
733 Yonkers Ave, Suite 102  
Yonkers, NY 10704

**Application must be postmarked no later than Friday, May 29, 2026.**

**PART 1 – PERSONAL INFORMATION**

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBERS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

ARE EITHER OF YOUR PARENTS CURRENTLY LICENSED AS A HARNESS HORSE

DRIVER, TRAINER OR CARETAKER? \_\_\_\_\_ IF YES, WHAT STATE(S) \_\_\_\_\_

ARE EITHER OF YOUR PARENTS 2026 SOA OF NY MEMBERS? \_\_\_\_\_

ARE YOU A 2026 SOA OF NY MEMBER? \_\_\_\_\_

**PART 2 – EDUCATION AND EXPERIENCE**

NAME AND ADDRESS OF SCHOOL YOU WILL BE ATTENDING IN FALL 2026:

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DEGREE YOU WILL BE PURSUING: \_\_\_\_\_

LIST ALL SCHOOLS YOU HAVE ATTENDED - HIGH SCHOOL AND / OR COLLEGE(S)

Name of School	Year Started	Year Finished	Degree

**\*Submission of an official high school transcript and / or a certified transcript of any post high school study is required with this application.**

LIST ALL SCHOLASTIC HONORS AND ACHIEVEMENTS YOU HAVE RECEIVED IN THE PAST 4 YEARS

LIST ALL SPORTS, GROUPS, CLUBS, COMMUNITY OR VOLUNTEER ACTIVITIES YOU HAVE PARTICIPATED IN THE PAST 4 YEARS

LIST YOUR EMPLOYMENT HISTORY

Employer	To:	From:	Paid or Unpaid

WHAT ARE YOUR TOTAL COSTS FOR TUITION, HOUSING AND BOOKS FOR THE SEPTEMBER 2026 SEMESTER?

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WHAT ARE YOUR ESTIMATES FOR HOW THESE COSTS WILL BE MET?

FROM PARENTS \$ \_\_\_\_\_

FROM YOU \$ \_\_\_\_\_

FROM STUDENT LOANS \$ \_\_\_\_\_

FROM GRANTS OR SCHOLARSHIPS \$ \_\_\_\_\_

PLEASE PROVIDE THE NAMES, ADDRESSES AND PHONE NUMBERS OF THREE INDIVIDUALS THAT WE MAY CONTACT FOR REFERENCES

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**PART 3**

A. WHAT ARE YOUR CAREER GOALS?

B. TELL US BRIEFLY WHY YOU FEEL YOU SHOULD BE CHOSEN AS THE SOA OF NY SCHOLARSHIP RECIPIENT

C. GIVE US SOME SUGGESTIONS TO IMPROVE YONKERS RACEWAY

PLEASE SIGN AND DATE THE FOLLOWING DECLARATION:

"I certify that all of the information provided on this application is complete and accurate."

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

\*An award, if any is in the sole discretion of the members of the Scholarship Committee and all applications will be reviewed blindly without any identifying information as to the applicant or his/her family.