



Scholarship Fund Application

CERTIFIED HORSEMANSHIP ASSOCIATION

CHA has available partial scholarships for individuals to attend a CHA Certification clinic. To qualify, individuals should demonstrate financial need and the ability to impact the local horse community.

Applications must be received by February 30 and scholarships (if any) will be awarded by the CHA Scholarship Committee based on qualifications of the applicant. Scholarships may be applied to any Standard, IRD, Trail, Combined, EFM or RVC clinic. Scholarship funds will be paid directly to the clinic host site, once the scholarship is approved. Scholarships granted will be determined by the CHA Scholarship Fund Committee.

ELIGIBILITY TO RECEIVE SCHOLARSHIP

1. Must be an individual, either working independently or not employed by a company or organization that would otherwise pay for their employees to attend a CHA clinic.
2. Must earn a substantial percentage of income (50% or more) as a riding instructor, trail guide, facility manager or vaulting coach.
3. Must be able to demonstrate financial need, as evidenced by most recent federal tax return, showing individual is at or below the federal poverty guidelines.
4. Must be at least 18 years of age.

APPLICATION PROCESS

Mail *completed* application packet to CHA Scholarship Fund, 4037 Iron Works Pkwy., Suite 180, Lexington, KY 40511 by February 30. The scholarship committee meets in March, so be sure to get your application in by the deadline. The application packet must include:

1. Letter of intent from applicant
2. Completed and signed application
3. Most recent federal tax return
4. One professional (i.e., vet, farrier, instructor, trainer) and one personal letter of reference
5. Other documentation to substantiate information on application

If you have any questions please email Polly Haselton Barger at pbarger@CHA-ahse.org

Please note: Application deadline is February 30.



Scholarship Fund Application

*****INTERNAL USE ONLY*****
REC'D IN OFC _____

CERTIFIED HORSEMANSHIP ASSOCIATION

NAME _____ DATE _____

ADDRESS/CITY/ST/ZIP _____

DAY PHONE _____ NIGHT PH _____

EMAIL _____

GENDER: MALE FEMALE DOB _____ CHA MEMBER? YES NO

WHAT TYPE OF CHA CERTIFICATION CLINIC DO YOU PLAN TO ATTEND? Standard Instructor Trail Guide

Disabilities Instructor Equine Facility Manager Vaulting Coach Combined Instructor/Trail Guide

WHAT CERTIFICATONS (EQUINE AND OTHER) HAVE YOU EARNED AND WHEN? _____

ARE YOU CURRENTLY EMPLOYED IN ANY CAPACITY WITHIN THE HORSE INDUSTRY? YES NO

IF SO, INDICATE CURRENT POSITION/S INSTRUCTOR TRAIL GUIDE DISABILITIES INSTRUCTOR

FACILITY MANAGER VAULTING COACH OTHER _____

HOW MANY HOURS PER WEEK? _____ HOW MANY RIDERS/HORSES PER WEEK? _____

ARE YOU SELF EMPLOYED? YES NO CURRENT EMPLOYER _____

BRIEF HISTORY OF EQUINE-RELATED WORK EXPERIENCE _____

ARE YOU A FULL TIME STUDENT? YES NO IF SO, WHERE? _____

AREA OF STUDY? _____ COMPLETION DATE? _____

ARE YOU EMPLOYED OUTSIDE THE HORSE INDUSTRY? YES NO

IF SO, EMPLOYER _____ POSITION _____

HOW LONG? _____ WHAT ARE YOUR CAREER GOALS? _____

HAVE YOU DONE ANY VOLUNTEER WORK? YES NO IF SO, WHERE, WHEN AND IN WHAT CAPACITY? _____

WHY IS CHA CERTIFICATION IMPORTANT TO YOU? _____

HOW MUCH CAN YOU AFFORD TO CONTRIBUTE TOWARDS YOUR CLINIC TUITION? _____



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CERTIFIED HORSEMANSHIP ASSOCIATION

Statement of Applicant: My signature below indicates that I accept the following terms and agree to abide by these conditions, should a scholarship to attend a CHA certification clinic be granted to me:

- I swear to the best of my knowledge that all of the information in this application is truthful and accurate.
- I agree to attend the type of CHA certification clinic that I indicated on this application within the next 6 months and to participate fully, with a positive and humble attitude, an open mind and that I will fully accept the certification granted to me, if any.
- I agree to pay all additional costs of attending said CHA certification clinic, including, but not limited to: balance of tuition owed, travel expenses, meals and lodging (if not included in the cost of the clinic).
- I agree to pay my annual dues to CHA for the duration of the three-year certification period, and thereafter, should I choose to recertify at the end of the certification period.
- I agree to represent CHA and its high safety standards in everything that I do and will conduct myself in a professional manner at all times.
- I agree to promote CHA wherever and whenever possible and I agree that CHA may use my name and likeness in any and all promotional efforts on behalf of CHA.
- I agree to assist CHA in future fund-raising efforts to help insure the longevity of the CHA Scholarship Program, so that others may benefit as I have.

SIGNATURE _____ DATE _____

ENCLOSED DOCUMENTATION:

- Letter of intent
- Completed and signed application
- Most recent federal tax return
- One personal reference
- One professional reference
- Other documentation to substantiate application and/or financial need