

Junior Application

Name:	Age:	Birthday	:Grade:	
Address:				
Phone: Email:				
Trainer name:				
Member of KHJA foryears		Riding/competing foryears		
Completed USHJA Horsemanship Challenge Quiz:	:	yes r	10	
If so, which level have you completed?*			Score:	
Name of school:			Grade:	
Extracurricular activities <u>:</u>				
Additional equine-related association memberships:				
COMI A minimum of six (6) hours of community service is one or more entities. For younger applicants, this ca		apply for the Legl		
Organization/Individual:				
Location:		_Date <u>:</u>		
Supervisor:		Phone:		
Supervisor email <u>:</u>				
Description of service performed:				
Applicant signature:				
Parent/Guardian signature:				

KHJA Attn: LegUp Grant PO Box 761 Georgetown, KY 40324

Please submit the signed application, questionnaire and trainer recommendation forms by Nov. 1, 2024, to:



Questionnaire

Please describe your riding and showing experience:	
. List any awards, year-end titles, clinics and educational equestrian activities (Equine Affaire, Robert adets, etc.) that you have:	s Arena
. What are your short- and long-term riding and showing goals?	
you need additional space to answer any of these questions, please attach a separate page with your r	

4. On a separate sheet of paper and in less than 300 words, please describe one horseman or horsewoman (famous or not, historical or present-day) with whom you would like to have a conversation. Explain why you chose this person.



Trainer Recommendation

rainer:
Farm:
Address:
Phone:Email:
ears applicant has ridden with you:Times a week applicant rides with you:
Ooes applicant own or lease a horse/pony? If so, do they board with you?
Please tell us why you believe your student is a good candidate for the LegUp grant
Date <u>:</u>

Trainer signature