



# Senior Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Trainer (if applicable): \_\_\_\_\_ Farm: \_\_\_\_\_

Member of KHJA for \_\_\_\_\_ years Riding/competing for \_\_\_\_\_ years

Completed the USHJA Adult Horsemanship Quiz Challenge:    yes                    no

If so, which level have you completed?\* \_\_\_\_\_ Score: \_\_\_\_\_

Community involvement (equine and other): \_\_\_\_\_

Additional equine-related association memberships: \_\_\_\_\_

**Please note that a LegUP scholarship winner must provide a brief recap for the KHJA Annual Awards Banquet program (winners will be contacted by KHJA secretary)**

### COMMUNITY SERVICE

A minimum of 6 hours of community service is required to apply for the LegUp grant. The service can be with one or more entities.

Organization/Individual: \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor email: \_\_\_\_\_

Description of service performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant signature: \_\_\_\_\_

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

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



# Questionnaire

1. Please describe your riding and showing experience: \_\_\_\_\_

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2. List any awards, year-end titles, clinics and educational equestrian activities you have obtained or participated in:

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3. What are your short- and long-term riding and showing goals?

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If you need additional space to answer any of these questions, please attach a separate page with your responses.  
4. On a separate sheet of paper and in less than 300 words, please explain what you feel should be done to promote continued youth involvement in the sport of hunter/jumpers, specifically in Kentucky.

