



## Indiana Hunter and Jumper Association Grant Application

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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

Trainer Name \_\_\_\_\_ Farm \_\_\_\_\_

Member of IHJA for \_\_\_\_\_ years Riding/Competing for \_\_\_\_\_ years

Additional Equine related Associated Memberships \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe your riding and showing experience \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any awards, year end titles, clinics and equestrian activities that you have \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your short and long term riding and showing goals? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you need additional space to answer any of these questions, please attach a separate page with your answers.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Please submit the signed application and trainer recommendation forms by May 15, 2017 to:

Indiana Hunter and Jumper Association, 5269 Cornelius Avenue, Indianapolis, IN 46208



## Trainer Recommendation

Trainer \_\_\_\_\_

Farm \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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

Years applicant has ridden with you \_\_\_\_\_ Times a week applicant rides with you \_\_\_\_\_

Does applicant own or lease a horse/pony? \_\_\_\_\_ If so, do they board with you? \_\_\_\_\_

Please tell why you believe your student is a good candidate for the IHJA grant \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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



## Second Recommendation

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Relationship to Applicant \_\_\_\_\_

Please tell why you think the Applicant is a good candidate to receive this grant/scholarship? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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