



# CHA Certification Scholarship Application - Deadline February 28

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

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

City, State/Prov, ZIP/Post Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

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

I certify that I am 18 years of age or older.

What type of CHA certification clinic do you plan to attend? \_\_\_\_\_

What certifications, both equine and other, have you earned and when? \_\_\_\_\_

\_\_\_\_\_

Employment in the horse industry:  Self-employed  Employed  Not involved at this time.

Position: \_\_\_\_\_ Hours per week: \_\_\_\_\_ # riders/horses per week: \_\_\_\_\_

Employer: (if applicable) \_\_\_\_\_

Brief history of equine-related work experience: \_\_\_\_\_

\_\_\_\_\_

Are you a full time student?  No  Yes If so, where? \_\_\_\_\_

Area of study: \_\_\_\_\_ Completion date: \_\_\_\_\_

If employed outside the horse industry, position: \_\_\_\_\_

Employer: \_\_\_\_\_ How long? \_\_\_\_\_

What is your career goal? \_\_\_\_\_

Describe any volunteer work you have done. Include where, when and in what capacity. \_\_\_\_\_

\_\_\_\_\_

Why is CHA certification important to you? \_\_\_\_\_

\_\_\_\_\_

## **Applicant Statement**

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, complete, and accurate.
- I agree to attend a CHA certification clinic of the type of I indicated on this application by the end of this calendar year. I will participate fully with a positive attitude and an open mind. I will fully accept the certification achieved, if any.
- I agree to pay all additional costs of attending said CHA certification clinic, including, but not limited to, balance of registration owed, travel expenses, and meals and lodging 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 to assist CHA as possible in future fund-raising efforts to help ensure the longevity of the CHA Scholarship Program, so that others may benefit as I have.

### **Enclosed Documentation:**

- Cover letter
- Completed and signed application
- Financial statement
- One personal reference
- One professional reference

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_