



CHA Certification Scholarship

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

Applications must be received by February 28 of the certification clinic year. Scholarships, if any, will be awarded by the CHA Scholarship Committee based on qualifications of the applicant. Scholarships may be applied to a certification clinic in any of the CHA certification programs. If approved, the scholarship funds will be applied to the registration fee at the CHA Office or be paid to the certification clinic host site.

ELIGIBILITY TO RECEIVE SCHOLARSHIP

1. Applicant must be an individual, working independently or employed by a company or organization that will not pay for their employees to attend a CHA certification clinic.
2. Applicant must earn about 50% or more of their income as a riding instructor, trail guide, facility manager, driver or vaulting coach.
3. Applicant 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. Applicant must be at least 18 years of age

APPLICATION PROCESS

Mail the completed application package to CHA Scholarship Fund, 1795 Alysheba Way Suite 7102, Lexington KY 40509 by February 28. The Scholarship Committee meets in the spring so be sure to get your application in by the deadline. The application package must include:

1. Letter of intent
2. Completed and signed application
3. Most recent federal tax return
4. One personal letter of reference
5. One professional letter of reference, such as from a veterinary, farrier, instructor, trainer, and etc.
6. Other documentation to substantiate information on application

If you have any questions, please email the CHA Office at office@CHAinstructors.com.

Application deadline is February 28.



CHA Certification Scholarship Application

Name: _____ Date: _____

Address/City/State/Zip _____

Cell Phone: _____ Other Phone: _____

Email: _____

Gender: Male Female DOB _____ Current CHA Member: Yes No

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

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

How are you employed 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: _____

Employment outside the horse industry? No Yes If yes, position _____

Employer _____ How long? _____

What is your career goal? _____

Have you done any volunteer work? No Yes If yes, where, when and in what capacity? _____

Why is CHA certification important to you? _____

How much can you afford to contribute towards your certification clinic? _____

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 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 and humble 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 tuition owed, travel expenses, 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 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 ensure 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