



CHA Educational Scholarship Application - Deadline September 1

Name: _____ Date: _____

Address: _____

Cell Phone: _____ Other Phone: _____

Email: _____

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

High School Attended: _____ Year Graduated: _____

College/University: _____ Major: _____

City/State _____ Full-time Part-time

Equine Interests: Please check all that apply. English Instruction Western Instruction
 Trail Guiding Equine Facility Management Riders with Disabilities Vaulting
 Driving Other _____

Employment: _____

Special Achievements/Honors/Recognitions: _____

Additional Activities/Community Involvement: _____

Career Goals: _____

Applicant Statement

My signature below indicates that I accept the following terms and agree to abide by these conditions should an educational scholarship be awarded 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 the course of study indicated on this application by the end of this academic year.
- I agree to pay all tuition and expenses beyond the awarded sum of the scholarship.
- I agree to pay my annual CHA membership dues.
- 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 agree 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
- One professional reference
- Essay

Signature: _____ **Date:** _____