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

Applications must be received by February 28 and scholarships (if any) will be awarded by the CHA Scholarship Committee based on qualifications of the applicant. Scholarships may be applied to any Standard, IRD, Trail, Combined, Driving, EFM or Vaulting clinic. Scholarship funds will be paid to the clinic host site, once the scholarship is approved. Scholarships granted will be determined by the CHA Scholarship Fund Committee.

ELIGIBILITY TO RECEIVE SCHOLARSHIP

1. Must be an individual, either working independently or not employed by a company or organization that would otherwise pay for their employees to attend a CHA clinic.
2. Must earn a substantial percentage of income (50% or more) as a riding instructor, trail guide, facility manager or vaulting coach.
3. 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. Must be at least 18 years of age

APPLICATION PROCESS

Mail completed application packet 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 packet must include:

1. Letter of intent from applicant
2. Completed and signed application
3. Most recent federal tax return
4. One professional (i.e., vet, farrier, instructor, trainer) and one personal letter of reference
5. Other documentation to substantiate information on application

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

Please note: Application deadline is February 28.
Scholarship Fund Application

Name: ___________________________________________ Date: __________________________

Address/City/State/Zip______________________________________________________________

Day Phone________________________________________ Night Phone________________________________________

Email:________________________________________________________

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

WHAT TYPE OF CHA CERTIFICATION CLINIC DO YOU PLAN TO ATTEND? _____ Standard Instructor _____ Trail Guide
_____ Disabilities Instructor _____ Equine Facility Manager _____ Vaulting Coach _____ Combined Instructor/Trail Guide _____ Driving

WHAT CERTIFICATIONS (EQUINE AND OTHER) HAVE YOU EARNED AND WHEN? ________________________________________________

ARE YOU CURRENTLY EMPLOYED IN ANY CAPACITY WITHIN THE HORSE INDUSTRY? _____ Yes _____ No

IF SO, INDICATE CURRENT POSITIONS  _____ Instructor  _____ Trail Guide  _____ Disabilities Instructor
_____ Facility Manager  _____ Vaulting Coach  _____ Other

HOW MANY HOURS PER WEEK?  __________  HOW MANY RIDERS/HORSES PER WEEK? ________________

ARE YOU SELF EMPLOYED? _____ Yes _____ No  CURRENT EMPLOYER: ____________________________________________

BRIEF HISTORY OF EQUINE-RELATED WORK EXPERIENCE: ________________________________________________

ARE YOU A FULL TIME STUDENT? _____ Yes _____ No  IF SO, WHERE? ________________________________

AREA OF STUDY? _____________________________________________ COMPLETION DATE: ________________

ARE YOU EMPLOYED OUTSIDE THE HORSE INDUSTRY? _____ Yes _____ No

IF SO, EMPLOYER __________________________________ POSITION _____________________________________________

HOW LONG? ________________ WHAT ARE YOUR CAREER GOALS?

________________________________________________________

HAVE YOU DONE ANY VOLUNTEER WORK? _____ Yes _____ No  IF SO, WHERE, WHEN AND IN WHAT CAPACITY?

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WHY IS CHA CERTIFICATION IMPORTANT TO YOU? ____________________________________________

__________________________________________________________________________________

HOW MUCH CAN YOU AFFORD TO CONTRIBUTE TOWARDS YOUR CLINIC TUITION? ______________

__________________________________________________________________________________

Statement of Applicant:

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 the type of CHA certification clinic that I indicated on this application within the next 6 months and to participate fully, with a positive and humble attitude, an open mind and that I will fully accept the certification granted to me, if any.
- I agree to pay all additional costs of attending said CHA certification clinic, including, but not limited to: balance of tuition owned, travel expenses, meals and lodging (if 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

1795 Alysheba Way Suite 7102 Lexington, KY 40509 *859-259-3399

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