



## Educational Scholarship Application Form

Show Season (Year): \_\_\_\_\_

### Applicant Information

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Educational scholarships shall be awarded to attend clinics, seminars, or classes related to improving performance or increasing education in equine care, maintenance, or training for participation in the hunter/jumper community. They will be awarded in the amount of \$750.00 to one junior and one amateur each year.

Applicants must be resident of Washington State and member in good standing of WSHJA. Applicants are not eligible for an educational scholarship if they have received funding from the Washington State Finals Scholarships or the Emerging Athletes Program Scholarships. Applicant must complete **a minimum of five (5) volunteer hours with WSHJA** during the show year in order to be eligible.

### *I have participated, in the following this show season:*

Clinic(s) / Seminar(s)

Class(es)

Name of Clinic(s) / Seminar(s):

\_\_\_\_\_

Name of Class(es):

\_\_\_\_\_

### *I have volunteered a minimum of five (5) hours for WSHJA this show season:*

Activity: \_\_\_\_\_ Hours: \_\_\_\_\_ Contact/Signature: \_\_\_\_\_

Activity: \_\_\_\_\_ Hours: \_\_\_\_\_ Contact/Signature: \_\_\_\_\_

Activity: \_\_\_\_\_ Hours: \_\_\_\_\_ Contact/Signature: \_\_\_\_\_

Activity: \_\_\_\_\_ Hours: \_\_\_\_\_ Contact/Signature: \_\_\_\_\_

***I am including a copy of a payment receipt that shows I attended a clinic, seminar or class checked above.***

Please submit completed form and supporting documents to: [memberservices@wshja.org](mailto:memberservices@wshja.org)