



ZONE 12

APPLICANT INFORMATION			
Full Name	(Age requirement: must not have reached 21 yrs. old per Federation rules)		DOB
Street Address	Date		
City	State	ZIP	
Phone	E-mail		
Trainer's Name <i>(if applicable)</i>	Shirt Size: ____		
USHJA#:	.		

** Applications must be typed. .

Please feel free to attach up to 3 additional pages where necessary; this does not include any letters of recommendation applicants may wish to include.

1. Which Emerging Athlete Training Session Location are you applying for?

Location: _____ Date: _____

2. Please indicate which Emerging Athlete Training Session height section are you interested in riding.

3' 3'3"

If you are able to participate in more than one height section, please list your preferences below. You will be selected for ONE height section only.

Option #1 _____

Option #2 _____

3. Why do you want to ride in the height section you have applied? Please list your experience competing at this height.

4. Did you apply to the Emerging Athletes Program in 2009? YES or NO

Were you accepted into the program in 2009? YES or NO

What is the highest level that you participated? Level 1 Level 2 Nationals

5. What is your involvement in the horse industry?

6. Are you currently competing? *Please circle:* YES or NO

If "YES": In what division(s) do you currently compete in (please include heights)?

7. If applicable, please provide your horse industry related employment experience(s). Give the name of the employer/organization, hours worked per week, how long you were employed and what your job title/duties were.

8. Please list any extracurricular school activities and/or school related honors/awards you have received and the year in which you received them.

9. What are your educational and/or career goals?

10. If you are accepted into this program, what do you expect to get out of this?

11. Please provide a list of your riding accomplishments.

12. Describe yourself (must be 250 words or less)

PAYMENT

Application Fee: \$50 per rider

Visa MasterCard Check # _____ Money Order

Card Number: _____ Exp Date: _____

Name as it appears on Card: _____

Signature: _____ Billing Zip Code: _____

REFUNDS: The Application Fee for the Emerging Athletes Training Session is non-refundable.

Send Application and Fee to:

USHJA

Attn: Melanie Fransen, Director of Programs & Education

3870 Cigar Lane

Lexington, KY 40511

Ph: 859.225.6717

Fax: 859.258.9033