

AFFILIATE EXCELLENCE AWARD AMATEUR

UNITED STATES HUNTER JUMPER ASSOCIATION



The purpose of the award is to recognize an amateur in each region who demonstrates active participation with their affiliate organization, maintains an active interest in horsemanship skills beyond riding, and is actively involved in riding and showing. As a volunteer-led organization, USHJA considers each nominee's volunteer activities as a key component of this award.

Applicant Information: Please type all biographies and essays. Biographies and essays not typed must be printed in black or blue ink

Nominating Association Name: _____ Nominating Association USHJA ID#: _____

Nominating Association Phone: _____ Nominating Association Email: _____

Nominee Name: _____ Nominee USHJA ID#: _____

Nominee City: _____ Nominee State: _____

Is the nominee an active member of the nominating affiliate organization? Yes No

Please list the involvement that the nominee has with the affiliate organization:

What level does the nominee compete? _____

Please list highlights of the coaching career of the nominee:

Please list other horse related involvement the nominee has, volunteer or otherwise:

Please list academic or professional achievements of the nominee.

Please provide a short narrative about the nominee.

I acknowledge and understand that the acceptance of this application for consideration for a USHJA Affiliate Sportsmanship Award remains at the sole discretion of the USHJA. I acknowledge that if selected as a USHJA Affiliate Sportsmanship winner the USHJA reserves the right to use information provided in the application for promotional purposes. **PLEASE BE ADVISED:** The typing of your name below shall be considered to be an electronic signature and shall be considered to have the same legal effect and validity as your handwritten signature.

Therefore, in typing your name in the field(s) below, you are confirming this verification statement and the truth of contents of the application.

Affiliate Representative Signature: _____

Affiliate Representative Print Name: _____

PLEASE SUBMIT BY SEPTEMBER 1ST

SEND APPLICATION TO:

UNITED STATES HUNTER JUMPER ASSOCIATION • 3870 CIGAR LANE • LEXINGTON, KY 40511 • PHONE: 859.225.6700 • FAX: 859.258.9033