

# AFFILIATE EXCELLENCE AWARD SCHOLASTIC/COLLEGIATE COACH

UNITED STATES HUNTER JUMPER ASSOCIATION



The purpose of the award is to recognize a scholastic or collegiate coach 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. A coach is a professional horseman who focuses primarily on coaching/instructing scholastic or collegiate level riders. 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:

How many years has the nominee been a coach? \_\_\_\_\_

Please list highlights of the coaching career of the nominee:

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

Please list professional accomplishments of the nominee. (licensed official, clinician, participation with USHJA, etc.)

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