

2019 BOB ANTHONY MEMORIAL SCHOLARSHIP NOMINATING FORM

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| Name of Nominated Rider: | College: |
| Email: | |
| Name of Coach, Advisor or Team Captain: | Is the rider a full-time undergraduate student and member of the IHSA? <i>(Yes or No)</i> |
| Email: | |

HAS THE NOMINATED RIDER COMPETED IN CLASS 16 – OPEN REINING DURING THE 2018-2019 COMPETITION SEASON? *(YES OR NO)*

LIST NOMINATED RIDER'S ACHIEVEMENTS, ACCOMPLISHMENTS, AND RESPONSIBILITIES *(completed by coach, advisor or team captain)*

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EXPLAIN WHY YOU ARE NOMINATING THIS RIDER, PLEASE DESCRIBE RIDER'S FINANCIAL NEED *(completed by coach, advisor or team captain)*

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| NOMINATION FORM IS DUE ON WEDNESDAY, FEBRUARY 20, 2019 | COACH, ADVISOR OR TEAM CAPTAIN NAME AND DATE |
| Megan Taylor Secretary – Bob Anthony Memorial Scholarship megandtaylor310@gmail.com <i>Forms must be submitted via email only.</i> | Name: Date: |

