



Wisconsin Arabian Horse Association Scholarship Application

Name: _____

Address: _____

Phone: _____ Email: _____

Do you work with a trainer on a regular basis? Yes No If so, who? _____

When did you join WAHA? _____

Have you been a member for at least the paper one calendar year? Yes No

Are you willing to submit an article to WAHA within 60 days of the event/training opportunity? Yes No

What would you like to use the scholarship for? _____

- Clinic
- Lesson(s)
- Other: _____
- Workshop /Seminar
- Judging School/Seminar
- AHA Convention
- Equine Professional Education (Such as: vet, farrier, breeder, trainer, steward, judge, Show Manager/Secretary)

Title: _____ Date: _____

Discipline: _____ Amount Requested: _____

Instructor: _____

Volunteer Hours: (minimum of 4 at WAHA events within the previous year):

Location/Event: _____ Role: _____

Date: _____ Hours: _____ Event organizer: _____ Phone: _____

Location/Event: _____ Role: _____

Date: _____ Hours: _____ Event organizer: _____ Phone: _____

Location/Event: _____ Role: _____

Date: _____ Hours: _____ Event organizer: _____ Phone: _____

Location/Event: _____ Role: _____

Date: _____ Hours: _____ Event organizer: _____ Phone: _____

Location/Event: _____ Role: _____

Date: _____ Hours: _____ Event organizer: _____ Phone: _____

Please attach a short summary of your Arabian experience, goals for the future, and how this scholarship will benefit WAHA and/or the local Arabian & equestrian community and an estimate of expenses involved. Funds may not be used for show or travel expenses. Application is due **October 31st** and the scholarship winner will be announced at the annual meeting. A maximum of \$200 will be given to the recipient.

Please send the completed form and short summary to: **Tim Schaap** tim@antearmannarabians.com



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Summary of Experience, Goals, and Benefits: