

Wisconsin Arabian Horse Association Scholarship Application

Name:				
Phone:		Email:		
Do you work with a	trainer on a regu	lar basis? 🗆 Yes 🗆 No	If so, who	?
When did you join V	VAHA?			
Have you been a me	mber for at least	t the paper one calendar yea	ar? □ Yes	□ No
Are you willing to su	ıbmit an article to	o WAHA within 60 days of th	ne event/tra	aining opportunity? 🗆 Yes 🗆 No
What would you like	e to use the schol	larship for?		
□ Clinic		□ Workshop /Seminar		□ AHA Convention
□ Lesson(s)		□ Judging School/Semina	r	☐ Equine Professional Education (Such as: vet, farrier, breeder, trainer, steward, judge, Show Manager/Secretary)
□ Other:				
Title:			Date:	
Discipline:		Amount Requested:		
Instructor:				
Volunteer Hours: (m	inimum of 4 at V	VAHA events within the pre	vious year):	
Location/Event:			_Role:	
Date:	Hours:	Event organizer: _		Phone:
Location/Event:			Role:	
				Phone:
Location/Event:			Role:	
		Event organizer:		
Location/Event:			Role:	
Date:		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. Applications are accepted year-round 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: