



Junior Application

Name: _____ Age: _____ Birthday: _____ Grade: _____

Address: _____

Phone: _____ Email: _____

Trainer name: _____ Farm: _____

Member of KHJA for _____ years Riding/competing for _____ years

Completed USHJA Horsemanship Challenge Quiz: yes no

If so, which level have you completed? * _____ Score: _____

Name of school: _____ Grade: _____

Extracurricular activities: _____

Additional equine-related association memberships: _____

Please note that a LegUP scholarship winners are required to provide a brief recap for the KHJA Annual Awards Banquet program (winners will be contacted by KHJA secretary).

COMMUNITY SERVICE

A minimum of 6 hours of community service is required to apply for the LegUp grant. The service can be with one or more entities. For younger applicants, this can be 6 hours assisting their trainer with daily duties.

Organization/Individual: _____

Location: _____ Date: _____

Supervisor: _____ Phone: _____

Supervisor email: _____

Description of service performed: _____

Applicant signature: _____

Parent/Guardian signature: _____

Please submit the signed application, questionnaire and trainer recommendation forms **by Dec.15, 2021** to:

Maria Kneipp
Attn: Leg Up Grant
6743 Ragland Rd
Cincinnati, Ohio 45244



Questionnaire

1. Please describe your riding and showing experience: _____

2. List any awards, year-end titles, clinics and educational equestrian activities (Equine Affaire, Roberts Arena Cadets, etc.) that you have:

3. What are your short- and long-term riding and showing goals?

If you need additional space to answer any of these questions, please attach a separate page with your responses.

4. On a separate sheet of paper and in less than 300 words, please define the following:

Colic

Laminitis

Tetanus

Strangles



Trainer Recommendation

Trainer: _____

Farm: _____

Address: _____

Phone: _____ Email: _____

Years applicant has ridden with you: _____ Times a week applicant rides with you: _____

Does applicant own or lease a horse/pony? _____ If so, do they board with you? _____

Please tell us why you believe your student is a good candidate for the LegUp grant. _____

_____ Date: _____

Trainer signature