



**American Ranch Horse Youth Association
Officer Application**

Part I: General Information

Applicant Name: _____ Birthdate: _____

Permanent Address _____

Telephone Number: _____ E-Mail: _____

Applicant ARHA #: _____

Father/Guardian Name: _____ ARHA #: _____

Address: _____

Mother/Guardian Name: _____ ARHA #: _____

Address: _____

Siblings: Number _____ Ages: _____

Name/Address of High School: _____

Name/Address of College or Secondary Educational Institution: _____

_____ Date Enrolled: _____

Major Area of Study: _____

Career Goals/Desired Degree or Certification: _____

College/Institution Address: _____

Applicant's participation in school-connected clubs, sports, groups, and offices held: _____

Participation in clubs activities/work outside of school: _____

Hobbies or personal interests: _____

Community or Volunteer Service: _____

Part II: Extracurricular Equine Activities

List name and type of equine related clubs/organizations you belong to outside of the ARHA. These may include 4-H, FFA, NHSRA, or similar organizations.

Club Name/Type: _____ Yrs. Involved: _____

Club Name/Type: _____ Yrs. Involved: _____

List outstanding achievements in extracurricular equine activities: _____

Part III: Involvement in the Ranch Horse Industry

Do you own an American Ranch Horse? _____ Does anyone in your family: _____

List any ARHA affiliated regional charters you belong to: _____

How have you participated in this Regional Charter? _____

How long have you been riding? _____ Showing? _____ Other: _____

Number of Years as an ARHA Member: _____

Outline your activities using the American Ranch Horse (include showing, rodeo, trail riding, ranch work, etc.) _____

List outstanding horsemanship awards you have received from the ARHA or other national equine associations: _____

Please tell us your goals for the ARHYA in 2017 and any ideas you have for the year: _____

Part IV: Signature and Acknowledgement

I hereby acknowledge the information obtained in this application to be true to the best of my knowledge. I understand that fraudulent information may result in disqualification from consideration of any scholarship award.

Applicant Signature Date

Parent/Legal Guardian Signature Date

Send completed application by April 14, 2017 to:
ARHA Office
PO Box 186
Nancy, KY 42544
or by email to arhacontact@aol.com