

Athens Area Hunter Jumper Association

Finals Scholarship Application

All information on the scholarship application is kept in strict confidence. A scholarship committee will review the application and may find it necessary to request additional information. The committee will award scholarships on a confidential basis.

The scholarship is awarded in the form of credits toward the applicant's AAHJA Finals show and training fees. Please direct any questions to Hillary Davis at hcd2008@aol.com or 706-248-7788. The scholarship application is due by **October 1, 2025**.

Please mail completed application or scan & send by e-mail to:

Jessica Strott
2120 Woodlawn Rd
Covington, GA 30014
jnstrott@gmail.com

The applicant's parent/guardian will be notified by **October 10, 2025** of the award. The applicant's parent/guardian must notify the committee by **October 15, 2025** of their intentions towards the use of the scholarship. Notify the committee via e-mail at jnstrott@gmail.com OR by telephone at 706-717-0906. If the committee is not notified by the deadline, the scholarship will be forfeited.

Please print or type all requested information. *Incomplete applications will not be considered.*

Applicant's name _____ Age _____ Grade _____

Street address _____

City _____ Zip Code _____ AAHJA member # _____

Home phone _____ Preferred e-mail address(es): _____

Last Five Horse Shows attended:

Name/Location/Classes

Date

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I. Describe your experience with riding competitions and how this scholarship will be of value to you:

II. Describe your involvement in activities outside of horseback riding:

III. Essay:

Please tell us how in this last year a horse has taught you something about life.

Please write/type your essay on a separate paper and attach to this application.

IV. Letter of reference other than a family member or trainer/instructor.

Mother's/Guardian name_____

Street address_____

City_____ Zip Code_____

Home phone_____ Alternate phone _____

Father's/Guardian name_____

Street address_____

City_____ Zip Code_____

Home phone_____ Alternate phone _____

Annual income (check one):

_____<\$20,000 _____ \$20,001 - \$45,000 _____\$45,001 - \$80,000 _____>\$80,001

Dependent children and others:

Name

Age

_____	_____
_____	_____
_____	_____
_____	_____

Applicant's signature _____

Parent's signature _____

Trainer's signature _____

OFFICE USE ONLY

Date received _____

Amount granted \$ _____

Date accepted by applicant _____