General Information Name:(first) (middle) (last)	
Date of Birth: Month) (Day) (Year)	
Social Security Number:	
Academic Information High School (name) (complete address)	
Your Grade Point Average (GPA):	
Date of Graduation: (mm/dd/year)	
College or University you are planning to attend:	
Degree/Major you are pursuing:	
Career Objective:	
Scholastic Honors and/or Achievements:	
List extracurricular activities you have been involved in and any offices/positions you have served, including, but not limited to non-equine organizations, Student Government, 4-H, FA, AHA, sports and community service organizations.	
Arabian Industry Affiliation Describe your background in the Arabian Industry.	
	Date of Birth: Month) (Day) (Year) Address: (street) (city) (state) (zip) Phone:

XX.	Explain how you plan to be involved with the Arabian breed after receiving your college education.		
XXI.	Essay, Please attach a typed written one (1) page essay teducational goals and how do you plan to apply your ed industry upon graduation?		
XXII.	Letters of Recommendation Please attach four (4) letter		
XXIII.	your genuine interest in the equine industry and acaden Recommendation letters from relatives will not be accept		
AAIII.	a. One from a horseman or horsewoman.		
	b. One from an academic teacher or advisor.		
	c. One from an adult member of your Region 14 Club.		
	d. One from an employer or clergy or community leader	·.	
	Transcript: Please provide a current copy of your high school transcript to include the most current completed semester. Prefer Official Transcript but maybe a copy.		
	Photographs: Please submit one digital 3x5 inch head/shoulder photograph of applicant and a photograph of the applicant with an equine partner (informal or show photo with photographer permission).		
	AHA Membership Card : Please submit a copy of a current AHA Membership Card with your completed application.		
	Agreement and Understanding Any application that is incomplete and/or submitted after JUNE 1, 2024, will NOT be considered for candidacy.		
	I certify that the information I have given on this applica of my knowledge.	ation is true and accurate to the best	
	Applicant Signature:	Date:	
	Parent/Guardian Signature:	Date:	

Checklist: A complete application must include all of the items below.
Application Checklist:
Completed, Signed Region 14 Youth Scholarship Application
Typed 1 Page Essay
Transcript (official or copy)
Photographs
AHA Membership Card
4 Letters of Recommendation Submit one complete, ELECTRONIC application and all the
required attachments must be submitted by: JUNE 1, 2024.
To be considered. A complete application must include all items listed on the Application
Checklist, at the time of submission. Applications dated after JUNE 1, 2024 will NOT be
<mark>considered for candidacy.</mark>
Mail/EMAIL completed application to: Jeff Caldwell, 585 Flat Shoals Road, Walhalla, SC 29691 or jealdwell2995@yahoo.com
For additional questions please contact or email: Jeff Caldwell Cell: 502-468-4953, Email: <u>icaldwell2995@yahoo.com</u>

Completed, timely submitted applications will be evaluated by the designated youth scholarship committee.

Scholarship recipients will be notified in advance, but we would like you to be present during the Region 14 Championship Horse Show on Saturday Evening August 17, 2024 for pictures and a "LARGE" check presentation.

Scholarship payment will be made to the applicants, once proof of payment for tuition and/or books is submitted to the Region Youth Scholarship Chair: Jeff Caldwell.

NOTE: If for any reason a scholarship recipient does not attend his/her intended educational program, he/she forfeits the scholarship.