



Scholarship Application:

Complete all items below and enclose with any necessary documentation. See scholarship instructions. All applications must be complete in order for the Scholarship Committee to consider them. Applications received after April 30th 2018 will be considered for the following year.

Name: _____ **DOB** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Social Security Number: _____

Type of Member: Professional Associate Amateur Junior

Membership Number: _____

Trainer (If available) _____

Please submit completed scholarship package and submit to by mail:

**Hudson Valley Horse Shows
349 Sarah Wells Trail
Goshen, NY 10924**

