



## Application For Scholarship Program

Name \_\_\_\_\_

Position \_\_\_\_\_

Facility \_\_\_\_\_

Facility Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_ Years at current facility \_\_\_\_\_

Are you currently a member of the League? \_\_\_\_\_ If not, do you plan to join? \_\_\_\_\_

Have you ever attended or participated in a League Event? *(check below if applicable)*

Symposium \_\_\_\_\_ Footing Academy \_\_\_\_\_ Forum \_\_\_\_\_

Has anyone at your facility ever participated in a League Event? \_\_\_\_\_ Yes \_\_\_\_\_ No

Educational program applying for: \_\_\_\_\_ Symposium \_\_\_\_\_ The League Footing Academy

Describe your current job responsibilities. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the number and types of equestrian events held at your facility. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you want to attend the educational program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What information do you hope to obtain from the educational program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Applicant)

Please return to: League of Agricultural & Equine Centers  
P. O. Box 125  
Dripping Springs, Texas 78620  
info@laec.info