STUDENT INFORMATION Date:_____ Current Grade: Name: _____ (First, Last) Street Address: City: State: Zip: Email Address: Contact Phone: **SCHOOL INFORMATION** School Name: Contact Name: _____ Date of Awards /Honors Day: ___ Street Address: State:_____ Zip:_____ City:___ Contact Email Address: Contact Phone: PROOF OF QUALIFICATION **Includes:** TWHBEA affiliated shows, 4-H, FFA, Ponv Club. competitions held by local clubs or associations, schooling shows, etc. Competition must be verified if not affiliated (see LIST QUALIFYING COMPETITIONS: program requirements). Show:_____ Show Date(s):_____ Horse Name: Show: Show Date(s): Class: _____ Horse Name: Show:_____ Show Date(s):_____ Class: _____ Horse Name:

LIST QUALIFYING INDUSTRY TITLE(S):

Includes: World Champion or World Grand Champion, World Versatility Champion, Youth Supreme Versatility Champion, Youth Challenge Cup winner, Youth Medallion Pleasure or Performance Champion, any milestone achievement in the Trail Program, TWHBEA International High Point Overall Youth Champion (Halter, Pleasure, or Performance)