



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 23575
Lexington, KY 40523-3575
info@laec.info