

DATE RECEIVED:

Union County Equestrian Ambassador Application
(Return this application to the Extension Office by July 1, 2024 by 4:00pm)

NAME _____ PHONE (_____) _____.

ADDRESS _____
STREET OR ROAD CITY ZIP

AGE _____ BIRTH DATE _____ GRADE IN SCHOOL _____.

List by years, projects, activities, contests, and other experiences you have had in the area you are applying. Do not use additional space, list most important.

YEAR	ACTIVITY	WHAT YOU DID/AWARDS, ETC.

FFA, FHA, CHURCH, SCHOOL, AND COMMUNITY ACTIVITIES

ORGANIZATION	OFFICE, HONORS AND/OR OTHER PARTICIPATION	NO. OF YEARS A MEMBER

I, the undersigned, verify that the information included on this application is complete and accurate.

Applicant's Signature

I have thoroughly read the application, and, to the best of my knowledge, everything is true as stated.

Parent's Signature

Advisor's Signature

NO APPLICANT'S FORM WILL BE ACCEPTED WITHOUT ALL 3 SIGNATURES