



JCHA Youth Sponsorship Program

Jackson County Horseman's Association has long supported youth in their equestrian activities. Young riders are recognized as an integral part of any equestrian organization – they are the future leaders.

JCHA has established an annual fund of one thousand five hundred dollars (\$1,500) to assist youth who apply to the association for a sponsorship. The fund may be divided among a maximum of five (5) qualified applicants, not to exceed \$500 to any one recipient. A committee of club members will determine the recipients of the sponsorships prior to the end of April.

Applications will be accepted annually from January 1st to April 1st. Applicants must be between 13 -18 years of age (as of January 1st) and be enrolled in an equestrian activity in southern Oregon. Applicants must also be a current member of Jackson County Horseman's Association.

Once your sponsorship application has been received, you will be scheduled to give an oral presentation about yourself, your equestrian activities and why you need the sponsorship (15 minutes max.) at one of the regular monthly club meetings. (Note: monthly meetings are the second Wednesday at 7:00pm in Central Point.)

If you are chosen to receive a sponsorship, you will be required to attend at least 3 meetings, work and participate in at least 2 events, and give a follow-up oral presentation to the membership before or at the December meeting. Failure to comply with the requirements will make you ineligible for the next years sponsorships.

Good Luck!!

Please send your completed application to:

Jackson County Horseman's Association
PO Box 765
Medford, OR 97501

Or scan and email application to: info@ridejcha.com



JCHA YOUTH SPONSORSHIP APPLICATION

Year: _____

Name: _____ Age _____

Mailing Address: _____

City _____ St _____ Zip _____ Phone Number: _____

Email Address: _____

Year you became a member of Jackson County Horseman's Association _____

Equestrian activity in which you are currently enrolled: _____ Years in this event/activity: _____

What are your goals in this activity:

Why do you believe you should receive this sponsorship?:

I understand to be considered for a sponsorship I will be required to do an oral presentation to the membership and, if I am chosen for a sponsorship, I agree to do a follow up presentation before or at the December Meeting, attend at least 3 meetings, and volunteer to work and participate in at least 2 events.

Signature of Applicant

Date

Signature of Applicant's Legal Guardian

Date