

USEA Area 8 Adult Rider Program 2024 Nadeem Noon Scholarship Application Form

Name: _		USEA Number:			
Address:	·				
City:			State:	Zip:	
Phone: _		Email:			
Requirer	ments:				
Program	The applicant must	volunteer a minimum of volunteer hours: USEA A clinic, hosting an Adult Rion, etc. eer hours must be official anizer. Volunteer hours a e USPS mailed to the Adsner, 879 Murle Ln., Loved at the Area VIII Annual arded by a drawing held sed towards education (1)	10 hours to a fur rea VIII Horse Tr der Social, or min ly documented vare not transfera ult Rider Coordir land, OH 45140 Meeting at the Area VIII A essons, clinics, c	Indicate the Area VIII Adult Rider Program notion directly related to the USEA Area VIII. It is rial, organizing or volunteering at an Area VIII in educational activity, organizing the Area VIII via VIP Volunteer Dashboard, email from shorable. Inator by December 31 (NO EMAILS ACCEPTED Annual Meeting. The Area VIII Adult Rider camps) up to \$250.00. Recipients must use the libe on the Voucher Award).	
Hours	Event	Job Description		Coordinator's Name and Contact Info	
Total	hours:		Please use the b	pack of this form or attach VIP Volunteer Dashboard	
I agree to	use all of the scholarship via invoice receipt, cancell	ed checks, or other docume	ny unused funds w ntation in writing	oack of this form or attach VIP Volunteer Dashboar will be forfeited. I agree to provide proof of qualifie and submit them to the Adult Rider Coordinator foney to this Scholarship Fund.	

Signature of Applicant: