



## 2017 O.P.A.C. Youth Sponsorship Award

The Olympic Peninsula Arabian Club is a member organization dedicated to supporting the Arabian, Half-Arabian and Anglo-Arabian horse breeds; the people who own, ride, and show them; and the activities in which they participate. O.P.A.C. desires to provide monetary support to one or more individuals 18 years of age and younger who demonstrate a need for support in order to undertake a specific program with an Arabian, Half-Arabian or Anglo-Arabian horse. Any award granted will be at least \$50 but in no case will exceed \$750. At the discretion of the Club, multiple awards may be given in any calendar year provided that in no case will the total of all awards given in any year exceed \$750. Awards will be made in response to proposals received seeking sponsorship funding for specific future horse activities.

### **The Award is available to applicants who meet the following criteria:**

- ❖ Applicants must be 18 years of age or younger on December 31 of the year in which the award is being given (December 31, 2017).
- ❖ Applicants must reside in Kitsap, Jefferson, or Clallam County in the State of Washington OR must have shown at an O.P.A.C. sponsored horse show. (Please include date and location of show.)
- ❖ Applicants must own, lease, or play a major role in the care of an Arabian, Half-Arabian, or Anglo-Arabian horse as recognized by the Arabian Horse Association of America. (Please include a copy of the horse's registration papers and, if applicable, the lease agreement.)
- ❖ A parent or legal guardian's signature is required. No exceptions.

**Applications must be received by December 31, 2016.** Applications will be reviewed and Awardees, if any, will be notified by March 1, 2017. The decision as to the recipient(s) of the Award will be made at the sole discretion of a committee of O.P.A.C. members, and all decisions will be final.

In addition to the minimum criteria outlined above, applicants will be considered and awards made based upon the following:

- ❖ The nature and extent of their involvement with their horse and the equestrian activities in which they participate, including but not limited to 4-H, WAHSET, Pony Club, O.P.A.C. sponsored or other open and breed shows, fairs, endurance rides, extreme trail competitions, and more;
- ❖ The specific event or horse activity for which funding is being sought; and,
- ❖ The plan to achieve that goal.

**Individuals should submit applications in their own words and on their own behalf.**

**Fill out and submit the enclosed application no later than December 31, 2016. Include copies of the requested documentation outlined above.** Please feel free to attach additional sheets as necessary.

**See other side for application form. Please keep a copy for your records.**

Contact Liz Bailey at (206) 910-1800 / [lizbailey@windermere.com](mailto:lizbailey@windermere.com) with questions. Completed applications can be mailed to the address below:

Renee Holt  
Olympic Peninsula Arabian Club  
22422 Serenity Lane NE  
Poulsbo, WA 98370



## 2017 O.P.A.C. Youth Sponsorship Award

Applicant's name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

**Please feel free to attach additional pages as needed. Answer the questions below fully and to the best of your ability.**

1. Please tell us about your Arabian, Half-Arabian or Anglo-Arabian horse and your role in its care.
2. Please tell us about your activities with your horse. In which events do you participate? How often? With whom?
3. Please tell us about your specific goal and what you are hoping to achieve with your horse in 2017.
4. What is your budget to attend this event or achieve your goal? What is your plan to pay for this? How much additional funding do you believe you need? How will funding help you achieve your goal?

**I attest that the applicant for this Youth Sponsorship Award will be 18 years of age or younger on December 31, 2017. I further attest that the statements contained in this application are true and accurate, and as a parent/legal guardian the applicant has my permission and support to receive this award and to carry out the proposed program for which the financial award is requested.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_