

HARDSHIP APPLICATION

Please fill in all information completely. Signatures listed below must be obtained and the application must be returned **NO LATER THAN APRIL 1, 2014 (NO EXCEPTIONS)**.

AQHYA ID Number: _____

Name of applying youth: _____

Address: _____

City, State, Zip: _____

Phone: _____

Name of Parent (s): _____

Affiliate to which you are applying: _____

I hereby certify that I am a current member of the American Quarter Horse Youth Association and all information supplied on this form is true and correct. I understand that by applying, I will be considered for approval to represent an affiliate other than my affiliate of residence during the AQHYA World Championship Show and upon approval must comply with the qualifying guidelines of that affiliate and may not represent my own affiliate. I declare that I have shown or participated with the respective affiliate for which I'm applying during the current qualifying period. **This does not apply to team penning or ranch sorting.** I also understand I must apply each year for approval.

Youth's signature (blue or red ink only): _____

Date: _____

I do hereby consent for my minor son/daughter to apply for a change of affiliation of state/province representation during the AQHYA World Championship Show, and in so applying and upon approval by AQHYA, I understand that my son/daughter must comply with the qualifying guidelines of that affiliate and may not represent our home affiliate. I declare that my son/daughter has shown or participated with the respective affiliate during the current qualifying period. **This does not apply to team penning or ranch sorting.**

Parent's signature (blue or red ink only): _____

Date: _____

I hereby certify that I am the current AQHYA affiliate youth advisor, according to AQHA records, for the state/province of _____, which is the state/province of residence of the above named youth. I am aware and have informed my membership that this youth has applied to change affiliate affiliation for the AQHYA World Championship Show.

Affiliate of Residency Youth Advisor's signature (blue or red ink only): _____

Date: _____

I hereby certify that I am the current AQHYA affiliate youth advisor, according to AQHA records, for the state of _____, which is an alternate state/province for the youth's state/province of residence. I am aware and have informed my membership that this youth is seeking approval to represent this affiliate during the AQHYA World Championship Show and agrees to conform to affiliate qualifying guidelines. Further, I also certify that this application meets with the approval of the youth membership of this affiliate. I declare that this youth member has shown or participated in our state/affiliate during the current qualifying period. **This does not apply to team penning or ranch sorting.**

Affiliate of Application Youth Advisor's signature (blue or red ink only): _____

Date: _____

Please check the reason you are seeking a hardship.

Youth attending out of state college and is unable to compete in his/her home state's shows.

Youth lives on the border of two states. It is more economical to show outside of the home state.

Trainer lives in another state and horse is boarded out of the Youth's home state.

Other reason. Please explain below.

Reason for applying:

Late applications or incomplete applications will not be accepted!

Please Return to American Quarter Horse Youth Association
c/o Robin Alden
1600 Quarter Horse Drive
Amarillo, TX 79104