

2019 AQHYA World Championship Show HARDSHIP APPLICATION

Applications must be completed fully, including all signatures and written explanations. Incomplete applications may not be approved.

Applications must be received in the AQHA office (not postmarked) by MAY 1st, 2019.

Hardship applications may be revoked under the following circumstances: a) the hardship applicant nationally qualifies in the respective classes or b) the hardship youth's horse dies or is injured, whereupon documentation from the horse's veterinarian must be supplied to AQHA before the hardship is revoked. Requests due to other circumstances may be considered on a case-by-case basis.

AOHYAID #

APPLICANT INFORMATION

Applicant's Name:	AQHYA I.D. #:	
Address:		
City:	State:	Zip:
Phone Number:	Email:	
Parent/ Guardian:		
My affiliate of residence is:		
I request hardship to the following A	QHYA affiliate:	
- -		
_		
SHOWS & ACTIVITIES		
List the shows or activities in which	you have participated with	your desired affiliate during the
current qualifying period.		
1. Show or Activity:	Date:	Miles from home:
		Miles from home:
3. Show or Activity:	Date:	Miles from home:
4. Show or Activity:	Date:	Miles from home:
5. Show or Activity:	Date:	Miles from home:
List the shows or activities held in ye	our home state during the c	current qualifying period.
1. Show or Activity:	Date:	Miles from home:
2. Show or Activity:	Date:	Miles from home:
3. Show or Activity:	Date:	Miles from home:
•		Miles from home:
5. Show or Activity:		

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CLASS INFORMATION List classes in which you intend to	List classes in which you intend to
nationally qualify:	state qualify:
* * *	1
	2
3	3
4	4
	5
6	6
REASON FOR HARDSHIP	
Select the reason you are seeking a h	nardship.
•	e college/university and am unable to compete in my home
state/province's shows.	
College/University Name: _	
College/University City:	State:
You must provide a written e	explanation detailing your situation. Attach additional sheets
if necessary.	
<i>y</i> .	
☐ I live on the border of two sta	ates/provinces and it is more economical to show outside of
☐ I live on the border of two start my home state/province.	-
☐ I live on the border of two stamp home state/province. Name of Bordering State/Pro	ovince:
☐ I live on the border of two stamp home state/province. Name of Bordering State/Province Stat	ovince:
☐ I live on the border of two stamp home state/province. Name of Bordering State/Province Mileage to Bordering State/Province a written experience.	ovince:
☐ I live on the border of two stamp home state/province. Name of Bordering State/Province Stat	ovince:
☐ I live on the border of two stamp home state/province. Name of Bordering State/Province Mileage to Bordering State/Province a written experience.	ovince:
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☐ I live on the border of two stamy home state/province. Name of Bordering State/Province Mileage to Bordering State/Province a written eif necessary.	ovince: Province: explanation detailing your situation. Attach additional sheets
☐ I live on the border of two stamy home state/province. Name of Bordering State/Province Mileage to Bordering State/Province a written eif necessary.	ovince:
☐ I live on the border of two starmy home state/province. Name of Bordering State/Province of Bordering State/Province a written of if necessary. ☐ My trainer resides in another state/province of residence.	Province: explanation detailing your situation. Attach additional sheets explanation detailing your situation and sheets explanation detailing your situation. Attach additional sheets
☐ I live on the border of two stamy home state/province. Name of Bordering State/Province and Mileage to Bordering State/Province a written expected if necessary. ☐ My trainer resides in another state/province of residence. Trainer's Name:	Province: explanation detailing your situation. Attach additional sheets explanation detailing your situation and sheets explanation detailing your situation. Attach additional sheets
☐ I live on the border of two starmy home state/province. Name of Bordering State/Province a written of if necessary. ☐ My trainer resides in another state/province of residence. Trainer's Name:	Province:explanation detailing your situation. Attach additional sheets r state/province and my horse is boarded out of my
☐ I live on the border of two starmy home state/province. Name of Bordering State/Province of Bordering State/Province a written of if necessary. ☐ My trainer resides in another state/province of residence. Trainer's Name: Trainer's City: City in which horse is boarded.	Province: explanation detailing your situation. Attach additional sheets explanation detailing your situation and sheets explanation detailing your situation. Attach additional sheets

Page 2 of 4

Other You must provide a written explanation detailif necessary.	ng your situation. Attach additional sheets
Provide any additional information that may support y additional sheets if necessary.	our hardship application. Attach
SIGNATURES 1. Applicant I hereby certify that I am a current member of the A and all information supplied on this form is true and c be considered for approval to represent an affiliate oth AQHYA World Championship Show and upon apguidelines of that affiliate and may not stall with or have shown or participated with the respective affiliate qualifying period. This does not apply to team pen must apply each year for approval.	correct. I understand that by applying, I will ner than my affiliate of residence during the opproval must comply with the qualifying represent my own affiliate. I declare that I e for which I'm applying during the current
Applicant's Signature	Date
2. Parent/Guardian I do hereby consent for my minor son/daughter state/province representation during the AQHYA Wor and upon approval by AQHYA, I understand that qualifying guidelines of that affiliate and may not stated that my son/daughter has shown or participa current qualifying period. This does not apply to understand my son/daughter must apply each year for	rld Championship Show, and in so applying my son/daughter must comply with the tall with or represent our home affiliate. I ted with the respective affiliate during the team penning or ranch sorting. I also
Parent or Guardian's Signature	Date

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3. Youth Advisor of Residency Affiliate I hereby certify that I am the current AQHYA affiliate records, for the state/province of	, which is the I am aware and have informed my
Youth Advisor of RESIDENCY Affiliate Signature	Date
4. Youth Advisor of Hardship Affiliate I hereby certify that I am the current AQHYA affiliate records for the state/province of	, which is the designated am aware and have informed my ent this affiliate during the AQHYA liate qualifying guidelines. Further, I al of the youth membership of this articipated in our state/affiliate during
Youth Advisor of HARDSHIP Affiliate Signature	Date

Page 4 of 4