

ALLEGAN  
5-DAY  
HORSE  
CLINIC



Allegan Five Day Horse Clinic  
Scholarship Application

A fund has been established to help those in true need pay for part or all of their registration to clinic. Funds are limited. Not all applicants will necessarily receive assistance. The clinic committee will review all submissions and assistance will be awarded based on available funds, financial need, and answers to the following questions. To donate to this fund please contact Mandi Nielson at [allegan5day@gmail.com](mailto:allegan5day@gmail.com)

To be eligible for financial assistance from the Allegan County 4-H Horse Five Day Clinic you must:

1. Be a 4-H member in good standing.
2. Complete this application and submit with your clinic registration

**Application must be submitted by: July 9th, 2023**  
**Email to: [allegan5day@gmail.com](mailto:allegan5day@gmail.com)**

Selection Process: The clinic committee will review all submissions and assistance will be awarded to based on available funds, financial need, and answers to the following questions.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

# of years in 4-H \_\_\_\_\_ Is this your first time attending Five Day Clinic? \_\_\_ Yes \_\_\_ No

Are you able to be attend all the days of clinic and have 100% attendance in the classes you are receiving aid for? \_\_\_\_\_

Please explain the need for financial support? \_\_\_\_\_

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**To be completed by the youth:**

Please introduce yourself to the clinic committee. Tell us about yourself and your horse. What do you like about your horse? Anything else you want the committee to know?

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What do you hope to gain from this experience?\_\_\_\_\_

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How will you share what you learn with other members?\_\_\_\_\_

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If you are awarded a scholarship are you willing to volunteer at clinic helping instructors set up and tear down between classes?

\_\_\_\_\_Yes    \_\_\_\_\_No

Parent signature:\_\_\_\_\_ Date:\_\_\_\_\_

Youth name/signature:\_\_\_\_\_ Date:\_\_\_\_\_

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