

American Saddlebred Horse Association of Alberta Youth Involvement Award

The American Saddlebred Horse Association of Alberta Youth Involvement Award is an annual award of up to \$1,000 that will be made available to youth between the ages of 17 and 21 years old, who are attending, or planning to attend, post-secondary learning. The intent of this award is to support a youth who has been an active and contributing member of the American Saddlebred Horse Association of Alberta, or to the communities in which they live, to support their post-secondary pursuits.

This youth award is supported by and is administered under the American Saddlebred Horse Association of Alberta (ASHA of Alberta).

Financial Award: Annual award (1) value of \$1,000

Deadline: September 30, 2025

Criteria: The successful candidate will be a current member of the American Saddlebred Horse Association of Alberta, will be between the ages of 17 to 21 and will be selected based on the following criteria. Each requirement will be equally weighted.

1. List of Extracurricular Activities:
Includes, but is not limited to, community volunteerism and ASHA of Alberta related activities (e.g., attend an Annual General Meeting or attend a board meeting as a member at large, volunteer to support fundraising, horse show/ clinic/annual awards or other events)
2. Applicant Letter:
 - a) length 250-500 words
 - b) title – ‘The Value of Volunteerism in My Community’
 - c) include post-secondary plans
3. References: A reference letter from at least one adult mentor/coach/teacher/organization that you have volunteered with must accompany the application

This award is intended to support ASHA of Alberta youth members who have dedicated their time and energy to promoting healthy communities, volunteering or leadership amongst their peers or others. An applicant can only receive this award one time. Applicant must show proof of registration for post-secondary education.

The application package must be completed in full and received by September 30 of 2025. Late or incomplete applications will not be considered. Successful applicants will be notified by November 30, 2025. Successful applicants will be selected on the basis of information contained in their application letter and that of which meets the criteria outlined.

Important: ASHA of Alberta does not return application materials. Personal information is considered private and confidential. Successful applicants will be asked to provide additional information or photographs for use in ASHA of Alberta marketing. ASHA of Alberta reserves the right to withdraw or modify all or part of this program and application process at any time.

The application must be sent by email to ashaofasponsorship@gmail.com. The award will be paid by cheque, payable to the Award winner or parent/guardian of the Award winner.



ASHA of Alberta Youth Helping Hands Award

Email: ashaofasponsorship@gmail.com

Phone: (780) 910-4190

www.saddlebredsofalberta.com

www.facebook.com/saddlebredsofalberta

APPLICANT INFORMATION:

Name: _____

Address (street address in full): _____

City: _____ Prov: _____ Postal Code: _____

Phone: _____ Email: _____ Birth date: _____

ASHA of Alberta Number: _____

APPLICANT'S LEGAL PARENT OR GUARDIAN INFORMATION (*REQUIRED)

Name: _____

Address (street address in full): _____

City: _____ Prov: _____ Postal Code: _____

Phone: _____ Email: _____

Relation to Applicant: _____

THE FOLLOWING MUST BE PROVIDED WITH THIS APPLICATION FORM:

List of Extracurricular activities includes, but is not limited to, community volunteerism and ASHA of Alberta related activities

THE FOLLOWING MUST BE PROVIDED WITH THIS APPLICATION FORM:

Application form must be completed in full, with applicant's legal parent or guardian signature

Applicant Letter must be provided title – 'The Value of Volunteerism in My Community'. Include post-secondary plans, length 250-500 words

Submit at least one letter of reference from a coach, trainer, mentor, organization outlining their perspective on the applicant's volunteerism and support for community

Submit proof of registration for post-secondary education

PARENT / GUARDIAN CONFIRMATION

I hereby acknowledge that all the information supplied is correct (applicant):

Name and signature of Parent or Guardian required

Print Name: _____ Date: _____

Parent/Guardian Signature: _____