

4-H Young Horse Development Project (YHDP) Application

Sponsored by NAERIC & Manitoba 4-H Council

Please submit the following information on a separate page(s) and attach to this form with the required signatures.

1. Name
2. Address
3. Birth date and age as of January 1, 2017
4. Phone #, Fax# and Email address if available
5. Current School/Grade & Teacher
6. 4-H Club to which you belong
7. Number of years you've been a 4-H member
8. By this fall what equine unit will you have completed (if any)
9. Executive or committee positions held at a) club level (if any) b) beyond club level (if applicable)
10. List clinic, achievement, club, regional, provincial events which you have participated in, paying particular attention to any that involved training a young horse.
11. Describe your current project horse and give background information regarding how much work you have done with project horse.
12. Are you in a situation where you can work with your foal on a frequent and regular basis over the next two years? Explain why or why not.
13. Outline your experience (if any) with starting a weanling/young horse.
14. Briefly describe the horse health program that you currently follow.
15. Describe your stabling area/facility where this project horse would be kept.
16. Why do you wish to participate in the 4-H YHDP? Explain your reasons in detail.
17. List the name of two references- one 4-H Horse Leader and one other person who is aware of your equine experience. The references must not be of your immediate family. Please include name/address and phone number (These may be called for references).

I understand the 4-H Young Horse Development Project sponsored by MERA & SERA and its Rules and Regulations and if selected, I will adhere to these rules set out before me by the Advisory Committee of the 4-H Young Horse Development Project. I understand that by contravening any of these rules that I will be barred from participating in further presentations. As well, I understand that by applying and being accepted to participate in the program, I am giving permission for my name to be shared with the participating MERA & SERA ranchers.

Signature of Applicant _____

Signature of Parent/Guardian _____

Please return application to:
YHDP Advisory Committee
Lynn Coffey/Chairperson
Box 355
Ethelbert, MB R0L 0T0

Deadline to apply- April 30, 2017