



2016 AQHYA World Championship Show Hardship Application

Please complete the entire application. Incomplete applications will not be considered. Signatures listed below must be obtained and the application must be received in the AQHA office **NO LATER THAN MAY 10, 2016**. This hardship is for the Built Ford Tough AQHYA World Championship Show only.

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 will be supplied to AQHA before the hardship is revoked. Requests to revoke a hardship under circumstances other than those listed above will be reviewed by the hardship committee on a case-by-case basis.

Applicant's Name: _____ AQHYA I.D. #: _____
(application not accepted without AQHYA I.D. #)

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Name of Parent or Guardian: _____

My affiliate of residence is _____

I request hardship to the following AQHYA affiliate: _____

Please list the show(s) or activity (activities) in which you have participated with the affiliate to which you are requesting hardship during the current qualifying period.

- 1. Show or Activity: _____ Date: _____
- 2. Show or Activity: _____ Date: _____
- 3. Show or Activity: _____ Date: _____
- 4. Show or Activity: _____ Date: _____
- 5. Show or Activity: _____ Date: _____

List classes in which you intend to nationally qualify:

List classes in which you intend to state qualify:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

Please check the reason you are seeking a hardship and provide any additional information as requested.

- I am attending an out-of-state college/university and am unable to compete in my home state/province's shows.
College/University Name: _____
College/University City: _____ State: _____
- I live on the border of two states/provinces and it is more economical to show outside of my home state/province.
Name of Bordering State/Province: _____
Mileage to Bordering State/Province: _____
- My trainer resides in another state/province and my horse is boarded out of my state/province of residence.
Trainer's Name: _____
Trainer's City: _____ State: _____
City in which horse is boarded: _____ State: _____

Other (Please provide an explanation below.) _____

Use the space below to provide any additional information relevant to your hardship application.

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 stall with or 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.

Applicants' Signature

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 stall with or 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.** I also understand my son/daughter must apply each year for approval.

Parent or Guardian's Signature

Date

State/Province of RESIDENCE

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 state/provincial affiliation for the AQHYA World Championship Show.

Youth Advisor of RESIDENCY Affiliate Signature

Date

State/Province of HARDSHIP

I hereby certify that I am the current AQHYA affiliate youth advisor, according to AQHA records for the state/province of _____, which is the designated hardship state/province for the above named youth. 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.**

Youth Advisor of HARDSHIP Affiliate Signature

Date

Please complete form and return to AQHYA, Attn: Kate Vierthaler, P.O. Box 200, Amarillo, TX 79168.

If you have any questions please contact Kate Vierthaler, Manager of Youth Development and AQHYA.

Phone: 806-378-4392 Fax: 806-349-6409 E-mail: katev@aqha.org