

Ohio American Saddlebred Pleasure Horse Association Scholarship

In Memory Judy Peters

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone _____

ASHA Membership # _____

Reason For Applying: _____

Involvement with the Horse Community/School

Write a 200-word essay that describes you, your goals and how you will impact this industry. (Attach to Back of application)

Please return this to Colleen Martin

7440 Lilly Chapel Georgesville Rd

London, Ohio 43140.

Name: _____ **Membership #** _____