

Jodi Hinz Memorial Award Application

Applicant Name: _____

Age: _____ Phone: _____

Tell me about a time when you helped another competitor succeed. What did you do?

What are your goals for Draft Horse Youth / Novice Congress?

When you are interviewed, we will ask you to tell a joke... be prepared

Applicant Signature _____ Date: _____

Sponsor Name _____

Tell me why this applicant should be considered for the Jodi Hinz Memorial Award

Sponsor Signature _____