

Name		DOB		
Address:				
City:	State:	Zip:		
Phone: (Home)	Phone: (Cell)			
E-Mail:				
High School:	Grad Y	Grad Year:		
College:	Grad Y	Grad Year:		
Employed? □ Yes □ No If Yes:	☐ Part-Time ☐ Full-Time Employer:			
Activities, Interests:				
Honors, Accomplishmen	ts, Achievements:			

Community Service, Volunteer Experience:

Interesting facts about yourself:
Describe your experience and level of involvement within the equine industry:
Future Plans/Goals:
Please be aware that last year we had 38 girls apply! This year if we get more than 20 applications we will choose the top 20 based on your submitted application, so make sure you shine through your application and tell us all about you!
Application must be postmarked by Monday, February 1 st , 2016 to be considered. Please send completed application to:

Jessica Peters, 2015 IHC Queen 4668 S. Co Rd 950 W. Greensburg, Indiana 47240

Cell: 812.530.9185 | jpeters841@gmail.com