

David La Pierre Memorial Scholarship Fund

Sponsored by the:

Institute of Applied Equine Podiatry, Inc.

Personal History Application

Name: _____

Address: _____

Phone Number: _____

Email: _____

Age: _____

Occupation: _____

Education Level: _____

Horse Related Information

Riding Discipline: _____

Trimming Experience: _____

Method Followed: _____

Do you own Horses: Yes _____ NO _____

If so, how many? _____

Breed of Horses: _____

Do you board/Livery? _____