APPLICATION

Print name: _____

Explain briefly why you want to enter the *Horses In Service ~ Natural Therapeutic Riding Center* Instructor-in-Training Program and become a NARHA certified instructor:

_____

_____

_____

Signature: _____ Date: _____
H.I.S. IT Applicant

I. RECOMMENDATION

I recommend _____ for entry into the
First / Last Name of Potential HIS IT ~ Please Print

Horses In Service ~ Natural Therapeutic Riding Center Instructor-in-Training Program.

Explain briefly why you are recommending this applicant for entry into the H.I.S. IT Program and why he/she would be a candidate for NARHA certification:

_____

_____

_____

_____

_____

_____

_____

_____

Name: _____ NARHA number: _____
NARHA Certified Instructor ~ Please print

Signature: _____ Date: _____
NARHA Certified Instructor

ACCEPTANCE

I approve _____ entering the H.I.S. IT Program.
First / Last name of HIS IT ~ please print

Comments:

_____

_____

_____

Signed: _____ Date:_____
Signature of Lead Instructor

EVALUATION / INCENTIVES

The Instructor-in-Training _____ has received the Overall Rating checked below and may be offered financial aid as listed below. The amount offered to an individual IT will not exceed $575 and must be used within 6 months of receiving the evaluation upon which the offer of financial aid is based.

	***Overall Rating**	**Financial Aid Offered**
	Below Expectations (BE)	none
	Partially Met Expectations (PME)	½ of the cost of NARHA workshop
	Met Expectations (ME)	full cost of NARHA workshop
	Exceeded Expectations (EE)	full cost of NARHA workshop, certification, & lodging
	Far Exceeded Expectations (FEE)	full cost of NARHA workshop, certification, lodging, & travel

Signed:_____ Date: _____
Signature of Executive Director