

# ABTCHA Youth Endowed Scholarship Program Mentor Certification Form

## *This section to be completed by the Youth Participant*

Youth Participant's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Participant's Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you a paid up member of the ABTCHA? \_\_\_\_\_

Names and UKC numbers of B&T Hounds you have owned during the year preceding the B&T Days in which you plan to compete.

\_\_\_\_\_

Names and locations of coon hunter clubs in which you are a paid up member \_\_\_\_\_

Major coonhound publications to which you subscribe. \_\_\_\_\_

For each of the following, list the events and/or activities in which you have participated during the year preceding the B&T Days in which you plan to complete for a scholarship.

(1) UKC bench shows and nite hunts entered. List dates, location and each dogs entered. 1 point per entry.

\_\_\_\_\_  
\_\_\_\_\_

(2) ABTCHA Sectional hunts and shows entered. List dates, location, and each dog entered. 2 points per entry.

\_\_\_\_\_

(3) Articles you authored and had published in a national coonhound publication. List name and date of publication. 2 points per article published.

\_\_\_\_\_

(4) Service as an officer or committee member in a coon hunter club or association. List club names, offices held and dates held. 2 points per office held.

\_\_\_\_\_

(5) List name of school and semesters in which you were named to the academic honor roll. 2 points per honor.

(6) If you raised a litter of registered Black and Tan Pups during the year, list the name of dam and sire and total number of pups successfully raised. 2 points

\_\_\_\_\_

Total number of points earned during the year in the six categories listed above \_\_\_\_\_

Have you previously won any ABTCHA Endowed Youth Scholarships? If so, list the date(s) and total value of scholarships won.

\_\_\_\_\_

Signature of Youth Applicant. \_\_\_\_\_ Date Signed \_\_\_\_\_

## *The following section to be completed by the Mentor*

Mentor's name \_\_\_\_\_

Mentor's mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mentor's Telephone Numbers (home and cell) \_\_\_\_\_

I certify that the above record is accurate and complete and that the youth applicant has qualified for and is eligible to complete for ABTCHA Youth Endowed Scholarships at the \_\_\_\_\_ (year) ABTCHA Days.

Mentor's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_