



Kentucky Equine Management

I N T E R N S H I P

APPLICATION FOR ADMISSION

PLEASE PRINT OR TYPE ALL INFORMATION

Term for which you are applying: Year _____

_____SESSION I: Spring Breeding/Foaling (January-June)

_____SESSION II: Fall Yearling/Racing/Performance (July-December)

PERSONAL INFORMATION

Name: _____

Mailing Address: _____

Permanent Address: _____

Telephone _____ E-Mail _____

Date of Birth: _____ Sex: Male Female

Social Security Number: _____

Have you had any injuries in the past that you feel would inhibit your participation in this program? If so, please describe:

Do you have any allergies (list)? _____

Do you smoke? _____ Are you opposed to living with a smoker? _____

Have you ever been convicted of a felony? _____

Are you currently under a doctor's care or are you taking any medication that might impair your judgment when working around horses or machinery, or that might impair your participation in this course?

RESIDENCY AND CITIZENSHIP INFORMATION

Place of Birth: _____

Are you a U.S. Citizen? _____

If no, what is your country of citizenship? _____

If not a U.S. Citizen, what is your status?

_____ Immigrant/Permanent U.S. Resident

Alien Registration Number: _____

Where was it issued? _____

When was it issued? _____

_____ Refugee

_____ Non-Immigrant

What is your Visa Type (held, planned or applied for)?

Are you a veteran of the U.S. Military Service? _____

If yes, length of service: _____ Type of Discharge: _____

EMERGENCY CONTACT INFORMATION

Name of Spouse or Guardian: _____

Address of Spouse or Guardian: _____

Telephone Number of Spouse or Guardian:

Day: _____

Night: _____

Name of Nearest Relative: _____

Address of Nearest Relative: _____

Telephone Number of Nearest Relative:

Day: _____

Night: _____

ACADEMIC HISTORY

Do you have a high school diploma? _____ Year of Graduation: _____

High School Name: _____ City / State: _____

If no, have you passed a GED exam? _____ Year of Completion: _____

Have you ever been dismissed/suspended from any school or college? _____

Have you ever been placed on academic probation? _____

Current Status:

_____ College Freshman _____ College Junior _____ Graduate Student _____ Other
_____ College Sophomore _____ College Senior _____ Employed Full-Time

List all Post-Secondary schools that you have attended beginning with the most recent. Include graduate, technical or professional schools. **Make sure you enclose a transcript from each school attended.**

SCHOOL NAME	CITY/STATE	MAJOR	DATES ATTENDED	DEGREE

Have you attended other KEMI sessions? _____
 If yes, list session and dates attended: _____
 Have you ever applied to the KEMI program before? _____
 If yes, when? _____

OTHER BACKGROUND INFORMATION

Provide a brief description of **horse related** experiences and dates and hours spent for each. Attach additional sheets if necessary.

TYPE OF EXPERIENCE	CITY/STATE	DESCRIPTION	HRS/WEEK	DATES

Provide a brief description of your **work** experiences. Attach additional sheets if necessary.

TYPE OF EXPERIENCE	CITY/STATE	DESCRIPTION	HRS/WEEK	DATES

List and describe honors or awards that you have received. Attach additional sheets if necessary.

HONOR/AWARD	ORGANIZATION	OFFICE	DATE

List and describe extracurricular or community activities in which you were engaged. Include sports and hobbies. Attach additional sheets if necessary.

ACTIVITY	OFFICE HELD	DATE

PLEASE RATE YOURSELF IN THE FOLLOWING CATEGORIES.

(5=Excellent, 4=Very Good, 3=Good, 2=Average, 1=Below Average)

How well do you work in adverse weather conditions?	5	4	3	2	1
How well do you handle demanding physical labor?	5	4	3	2	1
How well do you handle stressful situations?	5	4	3	2	1
How well do you accept responsibility for your actions?	5	4	3	2	1
How well do you accept/complete tasks without being told?	5	4	3	2	1
How well do you get along with your peer group?	5	4	3	2	1
How well do you follow directions or instructions from superiors?	5	4	3	2	1
How well do you accept supervision?	5	4	3	2	1
How dependable are you?	5	4	3	2	1
How punctual are you?	5	4	3	2	1
How well do you accept criticism?	5	4	3	2	1
How would you rate your ability to handle horses?	5	4	3	2	1
Do you prefer to be a	Leader	Follower			Do Not Care
What are your strengths?					

What are your weaknesses?

This internship is demanding, not only physically, but mental and emotionally as well. Do you have any reason to believe that you might not be able to complete the entire 22-week program?_____.

Summarize your experience and interest in the horse industry. You may wish to include resumes, articles, papers or photographs detailing your training. Include additional pages if necessary.

AUTHORIZATION AND SIGNATURE

I certify that all the information provided in this application is complete and accurate to the best of my knowledge. I understand that all information will be available to the review committee and deciding members of the participating horse farms. I grant permission to the admission committee to verify any and all information pertinent to my application.

Signature of Applicant: _____ Date: _____

The following must accompany this application:

1. An official copy of current and all transcripts from each college or university attended
2. Three letters recommendation from references that are familiar with your academic, employment and horse experience. These letters must include the reference's address and telephone number
3. The \$35 non-refundable application fee (check or money order only, no cash)

Foreign students must attach a copy of their Visa
Return this application and required materials to:

Kentucky Equine Management Internship
P.O. Box 910628
Lexington, Kentucky 40591-0628