

American Horse Trials Foundation, Inc.

GRANT APPLICATION

1. Name of Applicant: _____

Address: _____

2. Telephone: Home _____ Fax _____

Barn _____ Cell _____

Email _____

3. USEF No: _____ USEA No: _____

4. Date of Birth: _____

5. For the Period 1/1/20 through 12/31/20.

6. Competitive Activities:

a. How many horses will grant funds help support? _____

b. If you anticipate competitive activities beyond routine domestic competition at the preliminary level or above, please describe those activities (*e.g.* European training and competition) and indicate major competitions you anticipate entering.

7. A budget for the proposed grant period is :

Stabling : _____

Entry Fees : _____

Coaching : _____

Transportation : _____

Vet Expenses : _____

Other: _____

Total: \$ _____

8. The following is a summary of funds available to me from sources other than the AHTF (e.g. personal funds, corporate sponsorship) for my competitive expenses during the grant period:

9. Explain the benefit you would receive towards your competitive goal from the requested grant:

10. Use the back of this form or attach additional sheets to provide any additional information you may have for the grants committee to consider.

By signing this application, the applicant certifies that he/she is a bona fide amateur athlete as such term is defined for equestrian competition by the International Olympic Committee. The applicant further certifies that any funds that are received from the AHTF will be used exclusively to reimburse his/her athletic endeavors.

Signature of Applicant

Grant Applications are reviewed and acted upon weekly. Applicants will be informed of the action taken on their request.

Grant requests will not be returned to the applicant. Once a grant request has been acted on by the Trustees, such action is final upon the application as presented. The request will not be carried over for consideration at the next meeting. The applicant is not, however, precluded from making other new grant requests in the future.