

# GRANT APPLICATION

Name \_\_\_\_\_ THJA Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Cell) \_\_\_\_\_ Phone (Home) \_\_\_\_\_

Email \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*If additional space is needed please attach a maximum of three typed pages.*

1. Do you have a personal, family, student/client, or business relationship with any THJA Board member? Please include a detailed explanation of any relationship.

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2. These grants are designed to help a THJA member attend an event who might not otherwise participate because of limited monetary resources. From a personal financial perspective, help us understand why you need this grant

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3. Have you participated in the program you are applying for previously? If so, what year did you participate?

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4. At what level are you currently riding?

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5. What do you consider your most important riding accomplishment? (Limit three events)

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6. What are your riding goals?

a. Short: \_\_\_\_\_  
\_\_\_\_\_

b. Long: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. How do you think you will benefit from participating in this event?

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

8. Do you do volunteer work either horse related or non-horse related? If so, with what organization and approximately how many hours a week?

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

9. Why is this grant important to you?

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

References:

Please list your trainer and their contact information.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please list one non-family member as a reference.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dollar Amount Requested: \$ \_\_\_\_\_

*I verify that the information contained in this application is true and correct and I acknowledge and understand that any misstatements may result in my application being eliminated from consideration. I acknowledge and understand that the acceptance of this application for the consideration for a THJA grant remains the sole discretion of THJA.*

*I acknowledge that by applying for a grant it does not automatically approve me for a grant. I acknowledge that if my child/self is approved for a grant, THJA reserves the sole right to control, sell, supervise, assign (or assign to others) the right to use broadcast, televise, reproduce, transmit or disseminate all or part of this THJA grant program. I further grant to THJA the right to make use of any photographs, film or video taken or submitted of my child/self as part of the program for media and editorial purposes in promotion of the program and sport, excepting the endorsement of any product, company or service.*

*Please be advised: The typing of your name below shall be considered an electronic signature and shall be considered to have the same legal effect and validity as your handwritten signature. Therefore, in so typing your name in the fields below, you are confirming this verification statement and the truth of the contents of the application.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**COMPLETED APPLICATIONS MUST BE RECEIVED NO LATER THAN SIX (6)  
WEEKS PRIOR TO THE EVENT.**

Please submit to:

Memorial Park Hunters

8552 Memorial Drive

Houston, TX 77024

Fax: (713) 683-0921

office@memorialparkhunters.com