



2018 USHJA ZONE TRAINER CERTIFICATION PROGRAM **CLINIC GRANT APPLICATION**

The USHJA Trainer Certification Program is centered on preserving the American Hunter/Jumper Forward System of Riding and Jumping by providing a comprehensive education and certification program for all levels of professional trainers. Your USHJA Zone Committee is dedicated to helping professionals further their career through continuing education. In an effort to demonstrate this commitment, your USHJA Zone Committee has agreed to award a grant to two USHJA professional members permanently residing within each zone who share this dedication.

We realize that program fees, travel expenses and potential loss of income weigh heavily on a professional's decision to pursue continuing education opportunities. The TCP Clinic Grant is intended to assist in making attending a TCP Clinic accessible to all professionals regardless of financial status.

Grants to be awarded:

- Two \$500 travel grants

In order to be considered for the grant, a member must meet the requirements, complete an application, and submit all other required documentation to USHJA no later than: **October 1, 2018**. This grant is not applicable to trainers seeking certification through the online certification course.

APPLICANT REQUIREMENTS

1. U.S. citizen and/or legal permanent resident
2. Current Active member, declared professional and in good standing with USHJA
3. Minimum of 18 years of age
4. Demonstrate a financial need

REQUIRED DOCUMENTS

1. Completed Application- All applications and accompanying documents must be typed.
2. Proof of residence within the zone (copy of driver's license, et cetera.)
3. **Two**, one page letters of recommendation. **Please type all applications and letters of recommendation.**
 - Letters of recommendation from family members will not be accepted
 - One letter of recommendation must be from a client/student or legal guardian of a client/student

**** Please note grant recipients will be required to submit an expense log including proof of payment in order to receive reimbursement. This grant may not be used to reimburse USEF or USHJA membership fees. Receipts must be submitted no later than October 1, 2018. Unused funds will be forfeited.***

**** PLEASE FOLLOW THESE DIRECTIONS CAREFULLY. APPLICATIONS THAT ARE INCOMPLETE OR EXCEED THE PAGE LIMIT WILL NOT BE CONSIDERED.**

**2018 TRAINER CERTIFICATION PROGRAM (TCP)
CLINIC TRAVEL ZONE GRANT APPLICATION
Application Deadline: October 1, 2018**

Name _____ USHJA# _____

Address _____

City _____ State _____ Zip _____

Phone (cell) _____ (home or business) _____

Email _____ Birth Date ____/____/____

Please answer "Yes" or "No" to the questions below:

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Are you a U.S. Citizen or legal permanent resident? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Are you a current Active member, declared professional, and in good standing with USHJA? Are you 18 years of age or older? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Have you applied or plan to apply to the USHJA Trainer Certification Program? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Are you able to demonstrate that financial assistance is needed to participate in this program? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | If this grant is not awarded will you still participate in the TCP? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Have you previously attended a TCP clinic? If yes, date and location: _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Do you have a personal, family, student/client or business relationship with any Zone Committee member or major donor to the scholarship program? If yes, please include a detailed explanation of any relationship. |

If additional space is needed, please attach a maximum of three typewritten pages.

1. What is the purpose for your TCP clinic attendance?
 TCP Certification TCP Renewal Other _____

2. How many years have you been riding and training in the hunter/jumper industry?
 1-5 years 5-10 years 10-20 years 20+ years

3. What do you consider your most important riding accomplishment? (limit three events)

4. What are your short and long term goals as a professional trainer?
Short _____

Long _____

5. As a trainer, how will you benefit from participation in a TCP Clinic?

6. This grant is designed to help a zone member attend a TCP Clinic who might not otherwise participate due to limited monetary resources. From a financial perspective, help us understand why you need this grant due to budgetary restraints.

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 consideration for a zone grant remains the sole discretion of USHJA.

I acknowledge that if my child/self is approved for a grant, USHJA and/or USHJA Foundation reserve 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 zone grant program. I further grant to USHJA and/or USHJAF 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: ____/____/____
(If applicant is under the age of 18)

COMPLETED APPLICATIONS MUST BE RECEIVED BY USHJA NO LATER THAN
October 1, 2018

Please return completed application to:
United States Hunter Jumper Association
zones@ushja.org
or fax
(859) 258-9033

