



## **2018 USHJA ZONE 3 CLINIC HOST GRANT APPLICATION**

The USHJA Zone 3 Committee is pleased to offer clinic grants to aid in offsetting or covering the costs of hosting a clinic. The grants will be awarded on a first come, first serve merit basis to be determined by the Committee. Through this grant program the USHJA Zone 3 Committee gives back, pays it forward and opens doors for our members to be able to participate in events that they might not otherwise be able to without the zone's financial assistance. The committee will evaluate each grant application individually.

Grants to be awarded:

- \$500 clinic host grants from the Zone 3 Committee

In order to be considered for this grant one must meet the requirements, complete an application and submit all other required documents to USHJA no later than **October 1, 2018**. **Applications will be considered upon receipt up until the application deadline or funds are depleted.**

### **APPLICANT REQUIREMENTS**

1. Current member, in good standing of the USHJA
2. Host a clinic during the 2018 competition year
3. U.S. citizen or legal permanent resident residing in Zone 3

### **REQUIRED DOCUMENTS**

1. Completed Application
2. Mounted clinics: please include with your application proof of USHJA as an Additional Insured on the insurance policy with at least One Million Dollars (\$1,000,000) single liability for the Event. Coverage shall be on an occurrence rather than a claim made basis. A copy of the insurance form must be submitted to USHJA a minimum of thirty (30) days before the clinic begins.

***\* 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 31, 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 ZONE 3 CLINIC HOST GRANT APPLICATION

Application Deadline: October 1, 2018

Applications will be considered upon receipt up until the application deadline or funds are depleted.

Clinic Organizer Information

Name \_\_\_\_\_ USHJA# \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (cell) \_\_\_\_\_ (home or business) \_\_\_\_\_

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

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

- YES/NO questions about citizenship, membership, hosting, grant award, previous applications, and relationships.

Three horizontal lines for providing additional information.

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

Clinic Information

Date of Clinic: \_\_\_\_\_ [ ] Riding Clinic [ ] Non-Riding Clinic

Clinician Name: \_\_\_\_\_ USHJA#: \_\_\_\_\_

(Clinician must be an Active USHJA member in good standing)

Facility Name: \_\_\_\_\_ Owner: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

1. How will you use the funds from this grant if awarded?

Three horizontal lines for answering the question about fund usage.

2. What are the estimated expenses to hold the clinic?

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3. What amount is being requested?

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4. Please include any additional information that you would like to have promoted regarding your clinic (i.e. height sections, fees assessed, auditor details, et cetera).

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*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](mailto:zones@ushja.org)  
or fax  
(859) 258-9033