



**2018 USHJA ZONE 4 HUNTER BREEDING  
GRANT APPLICATION**

The USHJA Zone 4 Hunter Committee is pleased to offer the Hunter Breeding grant. This grant may be used to help offset travel costs associated with competing in Hunter Breeding sections at the 2018 Devon Horse Show, 2018 Upperville Colt and Horse Show and the 2018 East Coast Sallie B. Wheeler Championships.

The USHJA Zone 4 Hunter Committee is offering this grant to enable our members, who might otherwise be unable to participate in these major breeding events, be able to learn, compete and continue to foster a culture of great hunter breeding in the United States.

Grant to be awarded:

- One \$500 grant from Zone 4.

In order to be considered for this grant, applicants must meet the requirements, complete and application and submit all other required documents to USHJA no later than **October 1, 2018.**

**APPLICANT REQUIREMENTS**

1. U.S. citizen and/or legal permanent resident residing in Zone 4
2. Current Active member in good standing with USHJA

**REQUIRED DOCUMENTS**

1. Completed application
2. Proof of residence within Zone 4 (copy of driver's license, official ID)

***\* 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 November 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 ZONE 4 HUNTER BREEDING GRANT
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:

- YES NO Are you a U.S. Citizen or legal permanent resident residing in Zone 4?
YES NO Are you a current member in good standing with USHJA?
YES NO If this grant is not awarded will you still attend?
YES NO Have you previously applied for a Hunter Breeding Grant? If yes, what year?
YES 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 two typed pages.

1. From a personal financial perspective, help us understand why you need this grant.

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

2. If awarded, how will you use the grant and for which competition do you plan to use it?

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

3. What are the estimated expenses to attend the competition?

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

5. How will this grant help you meet your goals?

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6. What do you hope to obtain from this grant?

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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

