



2018 USHJA ZONE 5 EMERGING ATHLETES PROGRAM

GRANT APPLICATION

Thank you for your interest in the USHJA Emerging Athletes Program. The USHJA Zone 5 Committee, along with assistance from the USHJA Foundation, is committed to furthering a rider's equestrian career and knowledge through continuing education. In an effort to demonstrate this promise, the USHJA Zone 5 Committee has agreed to award grants to USHJA members permanently residing within Zone 5 who seek aid for the advancement of their education.

We realize that program fees and travel expenses weigh heavily on an individual's decision to pursue continuing education and competitive opportunities. The EAP grants are intended to assist in making the EAP accessible to all riders regardless of financial status.

Grants to be awarded:

- Two \$500 travel grants courtesy of the Zone 5 Committee and the USHJA Foundation.

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: **May 1, 2018**. Grant applications may be approved pending acceptance to the EAP Regional Training Session.

APPLICANT REQUIREMENTS

1. U.S. citizen or legal permanent resident residing in Zone 5
2. Current active member in good standing with USHJA
3. Demonstrate a financial need
4. Must have been accepted in an EAP Regional Training Session within the same year the grant is awarded.

REQUIRED DOCUMENTS

1. Completed Application
2. Proof of residence (copy of driver's license, current report card, et cetera.)

**** 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 5 EMERGING ATHLETES PROGRAM
(EAP) GRANT APPLICATION
Application Deadline: May 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 residing in Zone 5? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Are you a current Active member in good standing with USHJA? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Have you applied or plan to apply to a 2018 EAP Regional Training Session? |
| <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 attend the EAP Regional Training Session? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Have you previously participated in the EAP? If yes, what year? _____ |
| <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.

- At what level are you currently riding?

| | |
|--|--|
| <input type="checkbox"/> Premier <input type="checkbox"/> National <input type="checkbox"/> Regional I <input type="checkbox"/> Regional II <input type="checkbox"/> Local | <input type="checkbox"/> Completing jumper style courses below 1.10m <input type="checkbox"/> Completing jumper style courses at 1.10m – 1.20m <input type="checkbox"/> Completing jumper style courses at 1.20m – 1.30m <input type="checkbox"/> Completing jumper style courses at 1.30m or above <input type="checkbox"/> Other _____ |
|--|--|
- What do you consider your most important riding accomplishment? (limit three events)

- What are your short and long term goals?

Short _____

Long _____

4. As a rider, how will you benefit from this EAP training session?

5. This grant is designed to help a zone member attend an EAP Regional Training Session 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

May 1, 2018

Please return completed application to:

United States Hunter Jumper Association

zones@ushja.org

or fax

(859) 258-9033

