



**USHJA Foundation**  
**Horseman's Assistance Fund Application for Emergency Assistance**

|   |                           |
|---|---------------------------|
| <b>Date of Application:</b> /        /  |                           |
| <b>Applicant's Name:</b>  |                           |
| <i>First</i>  | <i>Last</i>               |
| <b>Address:</b>   |                           |
| <b>City:</b>  | <b>State:</b> <b>Zip:</b> |
| <b>Phone Number:</b>  | <b>Fax:</b>               |
| <b>Email:</b>   |                           |
| <b>Contact Person:</b>  |                           |
| <b>Email:</b>   | <b>Phone Number:</b>      |
|   |                           |
| <b>Does applicant have a family or business relationship with any USHJAF Officer or Board Members?</b> <b>Yes</b> <b>No</b> |                           |
| <b>If yes, please explain:</b><br>_____<br>_____<br>_____   |                           |
| <b>Requested Information-Attached additional pages if necessary</b>   |                           |
| <b>Brief Description of Request:</b> _____<br>_____<br>_____  |                           |
| <b>Amount of Request: \$</b> _____  |                           |

**List any previous or current support from the USHJA Foundation, United States Hunter Jumper Association and/or American Hunter Jumper Foundation**

| Date | Amount | Purpose |
|------|--------|---------|
|      |        |         |
|      |        |         |
|      |        |         |

**List any previous or current support you have received from other assistance organizations or entities:**

| Date | Name of Org/Entity | Amount | Purpose |
|------|--------------------|--------|---------|
|      |                    |        |         |
|      |                    |        |         |
|      |                    |        |         |

**Applicants must disclose and all source(s) and amount(s) of short-term or long-term disability assistance (Worker’s Compensation, disability insurance claims, Social Security, etc.) If there are none, please indicate by writing “None” below:**

| Date | Name of Org/Entity | Monthly Amt. | Total Amount Expected |
|------|--------------------|--------------|-----------------------|
|      |                    |              |                       |
|      |                    |              |                       |
|      |                    |              |                       |

**If there are currently none, do you expect to begin receiving disability assistance any time within the next twelve (12) months?  
If so, please indicate when and from what entity/organization(s):**

| Date | Name of Org/Entity | Monthly Amt. | Total Amount Expected |
|------|--------------------|--------------|-----------------------|
|      |                    |              |                       |
|      |                    |              |                       |
|      |                    |              |                       |

**May we use information about your case in our fundraising efforts?** Yes No

By circling YES you are giving the USHJA Foundation and the USHJA permission to use your story in promotional and marketing efforts. Efforts may include use of photos, video and press releases on your story that may appear in print and online promotion of the assistance you received.

**Should your application be accepted and assistance granted and you have circled “Yes” on this form, a separate media release form may be forwarded to you for completion.**

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**Have you reviewed the application procedures and included all requested information along with this application?**

Yes No

|   |                                   |
|---|-----------------------------------|
| <b>If no, please list any outstanding documents and a when they will be submitted</b> |                                   |
| <b>Outstanding Documents:</b>   | <b>Estimated Submission Date:</b> |
|   |                                   |
|   |                                   |
|   |                                   |

*By signing below, I acknowledge and agree that the information contained in my application and supporting materials is accurate and true. I further acknowledge and agree that if any information has been fraudulently submitted, USHJA Foundation reserves all rights to deny this application and pursue any and all appropriate remedial action, including legal remedies.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
 Signature of parent or guardian if applicant is under 18

**Printed Name** \_\_\_\_\_

**Printed Name of Parent or Guardian** \_\_\_\_\_

**\*\* APPLICATIONS WILL NOT BE REVIEWED FOR CONSIDERATION UNTIL ALL REQUESTED INFORMATION IS SUBMITTED AND VERIFIED.**

Please return completed application and all related materials to:

**USHJA Foundation  
 Attn: Horseman’s Assistance Fund  
 3870 Cigar Lane  
 Lexington, KY 40511  
 Fax: (859) 258-9033  
 Email: foundation@ushja.org**