

Date of Application: ____/____/____

Applicant's Name: _____
First Last

Address: _____

City: _____ ST: _____ Zip: _____

Phone Number: _____ Fax: _____

Email: _____

Contact Person: _____

Email: _____ Phone Number: _____

Does applicant have a family or business relationship with any USHJAF Officer or Board Member? Yes No

If yes, please explain:

Request Information-Attach additional pages if necessary

Brief Description of Request:

Amount of Request: \$ _____

List any previous 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 or are receiving from other assistance organizations or entities

Date	Name of Org/Entity	Amount	Purpose
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Have you reviewed the application procedures and included all requested information along with this application? Yes No

If no, please list any outstanding documents and a when they will be submitted

Outstanding Document	Submission Date
_____	_____
_____	_____
_____	_____

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.**