American Horse Trials Foundation, Inc.

GRANT APPLICATION

1.	Name of Applicant:				
	Address:				
2.	Telephone:	Home			
				_	
3.	USEF No: _		USEA No:		
4.	Date of Birth	:	<u></u>		
5.	For the Period 1/1/23 through 12/31/23.				
6.	Competitive Activities:				
	b. If you and level or a	ticipate competitive above, please descr major competitions	t funds help support?e activities beyond routine domestic competition at the ribe those activities (e.g. European training and conjugate entering.	mpetition) and	
7.	A budget for	the proposed gran	t period is:		
	Stabling:				
	Entry Fees :				
	Coaching:				
	Transportation	on:			
	Vet Expenses	s:			
	Other:				
	Total	¢			

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8.	The following is a summary of funds available to me from sources other than the AHTF (<i>e.g.</i> personal funds, corporate sponsorship) for my competitive expenses during the grant period:				
9.	Explain the benefit you would receive towards your competitive goal from the requested grant:				
10.	Use the back of this form or attach additional sheets to provide any additional information you may have for the grants committee to consider.				
certifie	By signing this application, the applicant certifies that he/she is a bona fide amateur athlete as such a defined for equestrian competition by the International Olympic Committee. The applicant further as that any funds that are received from the AHTF will be used exclusively to reimburse his/her a endeavors.				
	Signature of Applicant				

Grant Applications are reviewed and acted upon weekly. Applicants will be informed of the action taken on their request.

Grant requests will not be returned to the applicant. Once a grant request has been acted on by the Trustees, such action is final upon the application as presented. The request will not be carried over for consideration at the next meeting. The applicant is not, however, precluded from making other new grant requests in the future.