



USHJA Foundation
Horseman's Assistance Fund Application for Emergency Assistance

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

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.

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 Documents:	Estimated 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.**

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**