



2020 ASHA HORSE SHOW GRANT APPLICATION

ASHA Horse Show Grants are available for financially challenged American Saddlebred competitions. Minimum grant requirements must be met in order to receive a grant. Maximum grant amount per show in a calendar year is \$1,000. **HORSE SHOW GRANT APPLICATION MUST BE RECEIVED BY MARCH 31, 2020.**

1. APPLICANT INFORMATION

Name of Show: _____

Contact Name: _____ Show Dates: _____

Address: _____ City, State Zip: _____

Phone: _____ Email: _____

2. TYPE OF SHOW

USEF Licensed Competition USEF Lite Competition ASHA Star Show (Open Show)

3. SHOW INFORMATION

Number Of Years Show Has Been In Existence:	_____	Gross Revenues:	
Overall Facility Costs:	_____	2019: _____ 2018: _____ 2017: _____	
Cost Per Stall To Show:	_____	Gross Expenses:	
Cost Per Stall To Exhibitors:	_____	2019: _____ 2018: _____ 2017: _____	
Office Fee Charged:	_____	Number Of Total Horses Entered:	
Is The Show A Designated Not-For-Profit:	_____	2019: _____ 2018: _____ 2017: _____	
Is The Show A Designated 501 (c)(3):	_____	Number Of Saddlebreds Entered:	
Does Show Donate To Charity:	_____	2019: _____ 2018: _____ 2017: _____	

4. ADDITIONAL INFORMATION REQUIRED

Please Include the following with this application and submit to ASHA at least two (2) months prior to the show:

1. Copy of last year's financial statement
2. Copy of last year's prize list
3. Description of why the show would require financial assistance
4. Description of how grant monies would be used

5. AUTHORIZED REPRESENTATIVE STATEMENT

I agree that grant money can only be used for the following purposes: officials, insurance, facility rentals, media/promotion, medical personnel, veterinarians, farriers and natural disasters. I agree that grant money cannot be used for: hospitality, decorations, memberships, charitable donations, fines, fees, penalties and all other non-essential expenses. Also, I agree to submit to ASHA a report that details how the grant money was used within two (2) months after the last day of competition.

Signature: _____ Print Name: _____ Date: _____