

**Massachusetts Horseman's Council**  
**Horsemanship Assistance Fund**  
**Sponsored by the MHC and Days of Champions**

The Massachusetts Horseman's Council ***Horsemanship Assistance Fund*** has been implemented to assist those students and young riders who may not have the means to afford quality riding instruction or horsemanship programs. The goal of the MHC Horsemanship Assistance Fund is to bring horseback riding and the opportunity to learn about horses to deserving individuals demonstrating a true desire to learn and grow with horses.

The program is open to juniors under the age of 18 as defined by MHC rules. The applicant rider, or an adult sponsor, must demonstrate by writing a letter, why they are deserving of financial assistance in order to start or continue horseback riding. Applicants must be residents of Massachusetts or riding at a stable or Therapeutic Riding Center located in Massachusetts.

**To apply for the funding, a nomination application form must be completed and submitted by either; the Applicant, a Sponsoring Adult, a Licensed Riding Instructor, or Qualified Horsemanship or Camp Program Director. A letter explaining why the candidate should be considered for this fund and a description of how the Assistance Funds would be applied must accompany the application.** All MHC Horsemanship Assistance Fund applications will be reviewed by the MHC Horsemanship Assistance Fund Committee and voted on by the MHC Board prior to the awarding of the program funds vouchers.

Horsemanship Assistance Funds will be awarded and the Recipients and their named Instructor or camp program Director will be notified in writing and contacted by the MHC to set up the voucher distribution. Each awarded Voucher will be up to the amount of \$500.00 per Recipient per voucher.

The funds will be distributed to recipients, each receiving a lesson or funds voucher. The voucher must be signed by the applicant or a parent/guardian if applicant is a minor, along with the licensed riding instructor or qualified director of a camp or horsemanship program as the recipient receives lessons or is accepted for the camp or program. The voucher will then be mailed to the MHC Treasurer at which time a check will be sent to the Instructor or camp program Director for that amount. Submission of the vouchers will continue until the applicant's awarded fund is exhausted.

**All information provided on the *Financial Assistance Application* is kept in strict confidence. The Committee reviews the applications and may find it necessary to request additional information;**

**Completed applications with letters should be mailed to:**

**Massachusetts Horseman's Council *Horsemanship Assistance Fund***  
**C/o Melody Taylor-Scott, Fund Secretary Email:MelodyTS@aol.com**  
**1 Austin Kelly Lane**  
**Southborough, MA 01772**

**MHC and Days of Champions**  
**Horsemanship Assistance Fund Application**

**Massachusetts Horseman's Council**

1 Austin Kelly Lane  
Southborough, MA 01771

**Please Print Legibly**

Date of Application: \_\_\_\_\_

Applicants Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Applicants Address: \_\_\_\_\_ Email: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Name of Instructor or Camp/Program Director: \_\_\_\_\_

Name of Stable/Camp/Program/Therapeutic: \_\_\_\_\_

Address of Stable/ Camp /Program/Therapeutic: \_\_\_\_\_ Email: \_\_\_\_\_

City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Instructor/Director Phone#: \_\_\_\_\_ cell/other \_\_\_\_\_

1. Have you applied previously for the MHC Assistance Fund? \_\_\_\_\_ Year(s) \_\_\_\_\_

2. Have you previously been awarded a grant from the MHC Assistance Fund? \_\_\_\_\_ Year(s) \_\_\_\_\_

3. Are you a full time student in an accredited school or college? \_\_\_\_\_

4. How long have you been riding? \_\_\_\_\_

**Please attach to this application your letter explaining why this applicant is deserving of the MHC Horsemanship Assistance Fund. Please provide a detailed explanation of projected use of the funds.**

\_\_\_\_\_ Date

**Applicant Signature or that of Parent/Guardian if Applicant is a minor**

\_\_\_\_\_ Date

**Instructor or Director Signature**

**For MHC Committee Official Use Only**

**MHC Check # \_\_\_\_\_ Check Date \_\_\_\_\_**

**Amount Granted: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_**