

Application form for CPHA FOUNDATION Educational Aid Fund



Fund Information

A goal of the CPHA Foundation is to provide support to equestrian professionals by providing higher educational opportunities through scholarships and grants and encouraging education of the good principles of horsemanship.

The Educational Aid Fund has been established to help equestrian professionals who are furthering their education in the equestrian industry, helping to educate and train them to better serve and work with horses and horse shows. The purpose of these funds is to provide financial assistance for seminars, clinics, training courses and travel to these events to help achieve these goals. All applications and disbursements from this fund are held in strictest confidence. Grants or loans are considered depending on each individual's needs.

Amount Requested: \$ _____

Reason for assistance: Clinic Travel expenses for Event
 Training/Certification Other Educational opportunity

Form of assistance requested Grant Loan Non-Member grant

Application Affiliation to Equestrian Industry: _____

Personal Information

CPHA Membership # _____ (must have been a CPHA member for at least one year prior to applying)
Non members are eligible for a maximum of \$500 assistance.

First Name _____ Middle Initial _____ Last Name _____

Date of Birth _____ Cell Phone: _____

Home Address: Street and Number _____

City _____ State _____ Zip _____

Email Address _____

Applicant's Employment History

Occupation _____

Currently employed Yes No If currently employed, please indicate

Full-time Part-time Average number of hours per week: _____

Name and address of current employer: _____

CPHA FOUNDATION EDUCATIONAL AID FUND KNOWLEDGE

How did you learn about the CPHA Foundation Educational Aid Fund?

DECLARATION

I declare that the foregoing statements made by me are correct to the best of my knowledge and belief. I further agree to provide to the CPHA Foundation any financial documentation that is necessary for the substantiation and processing of my loan or grant request.

Signature of applicant _____

Date _____

**Mail or Email:
CPHA FOUNDATION
10153 1/2 Riverside Dr., Suite 391
Toluca Lake, CA 91602
PHONE: (818) 955-9500 Email: info@cpha.org**