

**THE TRI-STATE HORSEMEN'S ASSOCIATION
GRANTS / SCHOLARSHIP APPLICATION 2017**

APPLICATION MUST BE POSTMARKED BY SEPTEMBER 15, 2017

Name of Applicant: _____ Date of Birth: _____

Address: _____ Telephone #: _____

Membership # _____ Amount Requested: \$ _____

For Traditional Educational Applications:

Name of University or Institute of higher learning: _____

Course of Study: _____

For Non-Traditional Equine Educational Grants/Scholarships Applications:

Name of training program or continuing education opportunity: _____

Area of study: _____

Please attach an explanation for your request. Limit your explanation to 500 words. Documents must be neatly typed. Include a budget page providing detail to support your request. Include any special circumstances you wish to have considered.

Briefly state your short and long term goals as related to this request: _____

*Incomplete applications will not be considered. All portions of the application must be submitted together by the applicant. **POSTMARKED BY SEPTEMBER 15th**. A personal interview may be required. Award recipients will be notified, and the awards will be made at the TSHA Annual Awards Banquet. Within one year from receiving the award, the recipient will be required to make a presentation at a TSHA function, (BOD Meeting, General Meeting, Horse Show, etc.) Such presentation to be pre-approved by the Scholarship Committee Chairperson. Presentation must describe how the award was utilized.*

For inquiries, contact: Walter Comire (401) 568-7885 E-mail: garnancom13@verizon.net

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Return completed applications and attachments to:

TSHA Grants
C/O Walter C. Comire, Jr.
P.O. Box 1105
Chepachet, RI 02814

Signature of Applicant

Date