



AQHA PROFESSIONAL HORSEMEN'S APPLICATION for CRISIS ASSISTANCE

The AQHA Professional Horsemen's Endowment supports AQHA professionals in crisis and seeks to ensure the longevity of the personal and professional wellbeing of AQHA Professional Horsemen.

Applicant Name: _____

AQHA ID#: _____

Address: _____

Telephone: _____

Email: _____

Category I Hardship
AQHA Professional Horseman

Category II Hardship
Immediate dependent family member
of an AQHA Professional Horseman

Note: If you need additional space to answer any of the questions, please use a separate sheet of paper.

Date of Hardship: _____

Detailed description of circumstances of Hardship:

Explanation of adverse impact on ability to earn income (include percentage of income reduction):

If this application is related to a dependent, please explain the relationship and the impact on your business: _____

Estimated monthly deficit (loss) due to this hardship: \$ _____

Indicate length of time monthly income is expected to be reduced: _____

List any additional sources of household income or support (include percentage of total income):

If property damage, do you have property insurance? What is your deductible ?

If health-related, do you have medical insurance (including Medicare)? What is your deductible ?

Past 3 years annual total household income (per year)

\$ _____ \$ _____ \$ _____

Total Assets \$ _____
Total Liabilities \$ _____
Net Worth \$ _____
(Net Worth = total assets minus total liabilities)

Detailed description of unplanned expenses directly resultant from the Hardship (include Hardship-related expenses not covered by insurance). _____

Years as AQHA Professional Horseman _____

Please list your contributions as an AQHA Professional Horseman and your participation with your AQHA affiliate:

I hereby certify that the above information is correct, and I have attached proper financial information. I further certify that I am waiving any rights to privacy with respect to the personal information which I have provided for consideration with my application whether it be my financial information or any other documents** which I have provided. I understand such information/documentation will remain confidential and will only be reviewed by AQHA and AQHF staff overseeing the application process, members of the Professional Horsemen’s Council and the AQHF Board of Trustees (collectively referred to herein as “AQHA”). I understand that AQHA will use this information only for consideration in granting or denying my application. Once a decision has been made on my application, I understand that AQHA may destroy any of the documentation provided by me.

By making this application to AQHA, I understand that I am waiving all claims against AQHA and will hold AQHA and all related affiliations harmless from any and all alleged liability in connection with my request for assistance. This waiver extends to any and all action taken or not taken with respect to this application (and whether or not assistance is granted). In this regard, I acknowledge that whether or not I am determined to be eligible for assistance, and whether or not assistance is given, are matters solely within the absolute discretion of the Professional Horsemen’s Council and, ultimately, the AQHF Board of Trustees. For purposes of this waiver and hold harmless agreement, the term “AQHA” shall include the American Quarter Horse Association and any of its employees, officers, or agents, the American Quarter Horse Foundation and any of its employees, officers, or agents and members of the Professional Horsemen’s Council.

** AQHA discourages any Applicant from providing their personal medical records with the application but if such records are provided, Applicant is waiving all rights to privacy of such records.

Signature of Applicant

Date