

AQHA PROFESSIONAL HORSEMEN'S CRISIS FUND APPLICATION

Applicant Name: _____

AQHA ID#: _____

Address: _____

Telephone: _____

Email: _____

Eligibility and Application Guidelines for Crisis Fund Payments

Distribution from the Crisis Fund will be based on a proven financial need arising from sudden and demonstrable hardship, or disaster of a severe and unexpected nature, or from serious illness. Before any distribution is approved, evidence of a proven financial need must exist and be submitted. To be eligible for Crisis Fund assistance, an Applicant must be an AQHA Professional Horseman member for the past six months.

Date of disaster, hardship or illness: _____

Describe hardship (in detail): _____

** Feel free to attach additional documentation.*

Annual Family Income (per year) \$ _____

Total Assets: \$ _____

Less Total Liabilities: \$ _____

Net Worth: \$ _____

Number of children or dependents comprising family of applicant: _____

Do you have insurance which will cover this level of hardship? Yes No

Do you have alternate sources of income or support available to cover this disaster, hardship or illness? Yes No

If yes, please list source of support: _____

Category I

Family member of a professional horseman or a non-horse related hardship, disaster or injury to the professional horseman is eligible for up to \$2,500.00.

Category II

Professional horsemen are eligible for up to \$5,000.00 due to horse related injury, disaster, hardship or illness.

Please list your involvement as a Professional Horseman or your participation with your local AQHA state affiliate:

I hereby certify that the above information is correct and I have attached proper financial information. I understand financial information will remain confidential and will only be reviewed by members of the Professional Horsemen's Council. I will waive and hold the 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 direction of the Professional Horsemen's Council. For purposes of this waiver and hold harmless agreement, the term "Professional Horsemen's Council" shall include the American Quarter Horse Association and any of its employees, officers or agents.

Signature of Applicant: _____

Date: _____