

## **MI-SHO Grant Program**

The MI-SHO Board of Directors is pleased to announce a new Grant Program for its membership. We are very excited about this program and hope that MI-SHO members begin sending in applications for upcoming clinics.

The funds may be used for tuition only. MI-SHO members can qualify every two years. To qualify, clinics must be with a recognized clinician/*not their own trainer*. The clinics must be produced by MI-SHO, USEA, USDF, USEF or must be a clinic approved by MI-SHO. In return, MI-SHO asks that the recipient of the grant write a detailed article about the clinic and what they learned for publication at the discretion of MI-SHO (*MI-SHO news letter/Horse Network*). The article should be one typed page and may include photographs *and must be submitted in an electronic format*.

Other qualifications are as follows: an applicant must be a Mi-SHO member in good standing for a minimum of six months at the time the clinic is to be held. Each recipient must volunteer a minimum of 2 hours in support of a not-for-profit organization (MI-SHO, therapeutic riding program, horse rescue or other horse/non-horse related organization) in the past 12 months. An application and copy of the clinic entry form/flier must be submitted a minimum of 45 days prior to the opening date of the clinic. This will allow the Board of Directors enough time to review and vote on the applicant's request at the next board meeting. One grant per clinic may be awarded. Grants may not be available for every clinic. The main factors that will be considered when grants are applied for are contributions to the club and volunteer hours. Past riding experience will also be considered, but showing history will not be a factor.

The amount of money per clinic will be \$50.00 or the cost of the clinic tuition, whichever is less. The grant funds may only be used for the clinics the applicant anticipates participating in as a rider and not an auditor.

Money received may not be used for stabling, hauling or other associated expenses, other than the cost of the clinic tuition. Grant money may vary each year depending on the amount available and number of qualified applicants. Money not used in a given year will be rolled over to the next year.

In cases where the grant recipient does not participate in the requested clinic or an article is not submitted within a month of participating in the clinic, the money will be re-allocated to another applicant.

All grant applicants will be notified of the decision by phone or email after the board has voted. Checks will be mailed to the applicants only after the article has been received. Because this is the first year for this program and in order for all members to have the chance to work their volunteer hours, members will be allowed to list anticipated volunteer hours but no checks will be issued until all volunteer hours have been worked/reported.

**MI-SHO Grant Application**

Name: \_\_\_\_\_ MI-SHO Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ email address: \_\_\_\_\_

Horse's Name: \_\_\_\_\_ Owner \_\_\_\_\_

Clinic & location: \_\_\_\_\_

Do you have a regular trainer? Yes No Who? \_\_\_\_\_ How long? \_\_\_\_\_

Frequency of Lessons: \_\_\_\_\_

What discipline(S) do you ride? \_\_\_\_\_

What are your riding goals? \_\_\_\_\_

What other clinics have you ridden in the past 12 months? \_\_\_\_\_

What do you hope to gain by attending this clinic? \_\_\_\_\_

What contributions have you made to MI-SHO in the last 12 months? \_\_\_\_\_

What future contributions do you plan to make? \_\_\_\_\_

List your volunteer hours (attach your volunteer verification form) \_\_\_\_\_

Other Comments: \_\_\_\_\_

**Agreement for use of MI-SHO Grant Funds** (Unsigned agreements will be disqualified):

I agree to use all of the scholarship money for the clinic I applied for. Any unused funds will be forfeited.  
I agree to keep a record of my experiences and write an article(s) for use by MI-SHO.  
If any monies are used in an inappropriate manner, I agree to repay that sum of money to the MI-SHO Grant Fund.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature parent or guardian if < 18 \_\_\_\_\_ Date: \_\_\_\_\_

Send Application and a copy of the clinic entry form/flier at least 45 days prior to clinic date to: MI-SHO, 175 Greene Cemetery Rd., Pocahontas, IL 62275