



# AQHA PROFESSIONAL HORSEMEN'S ENDOWMENT FUND APPLICATION

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: \_\_\_\_\_

\_\_\_\_\_

## Eligibility and Application Guidelines for Endowment Fund Payments

*Distribution from the endowment 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 endowment fund assistance, an applicant must hold a current membership in the AQHA Association of Professional Horsemen for the past six months.*

Date of disaster, hardship or illness: \_\_\_\_\_

Describe hardship (in detail): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*\*If you need additional space, please continue on a separate sheet of paper.*

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**

Professional horsemen are eligible for up to \$7,500.00 due to horse related injury, disaster, hardship or illness.

**Category II**

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.

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

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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.

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Signature of Applicant

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Date