



Tryon Riding & Hunt Club
Equestrian Grant Application

Date of Application: _____

Full Name: _____

Address: _____

Phone number: Home _____ Cell _____

Email: _____

Birth Date: _____

Mother's Name: _____

Father's Name: _____

School Currently Attending (HS or College): _____

Current Grade Point Average: _____

Graduation date: _____

If currently in HS, Advisor and phone number: _____

Equestrian Trainer and phone number: _____

Are you or your family a current TRHC Member? Yes No Don't know

List any TRHC Activities you or a family member have volunteered for in the past year:

(Being a TRHC Member or Volunteer is not a requirement but will help influence your award in the event we have many applications.)

Equestrian Organization Membership(s): _____

Equestrian-Related Activities:

To help us understand your financial need, please complete the following to the best of your knowledge.

Combined Family income:

____ Below \$35,000 ____ \$35,000-\$50,000 ____ \$50,000-\$100,000 ____ Above \$100,000

Other Activities: _____

Leadership positions:

Describe the Specific Program or Equestrian Goal for which you are seeking financial support.

What is the total cost of this program?

Provide the program name, contact, address, and any personal ID number for us to use in sending a financial award.

Use a separate sheet of paper to answer the following questions and attach to this application. Please be as specific and detailed as possible.

1. What is your primary equestrian discipline and current level of expertise/development?
2. Describe any challenges you've had to overcome to pursue your equestrian interests.
3. Name the person who has had the most impact on your equestrian life so far, and why.
4. How do you expect this program/goal will enhance your equestrian development?

I have completed this application truthfully and to the best of my abilities: Applicant Signature:

_____ Date: _____

PLEASE PROVIDE A COLOR PHOTO OF YOURSELF WITH THIS APPLICATION.

For questions, contact: Terry Lynch, TRHC President, 513-314-1146 lynchrt53@gmail.com

Please email completed application to both office@trhc1925.org and lynchrt53@gmail.com OR snail mail to 6985 S. NC9 Highway, Columbus, NC 28722

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