HTNB HORSE TRIALS NEW BRUNSWICK

GRASSROOTS GRANTS FOR EVENTERS

HTNB is proud to be able to support our members by awarding three \$250 Grassroots Grants in 2024. These funds can be used in a variety of ways to support your riding goals in New Brunswick.

Who can apply?

- Any current NBEA and HTNB member.
- Have already completed or are aiming to complete at least one Rider Level or Pony Club Level this season.
- Train with an Equestrian Canada Certified or Registered Coach.

What can I use the money for?

- Riding Lessons
- Rider Level Testing
- · Competition fees
- Continued Equestrian Education
- Other activities that help you reach your equestrian goals (please specify)

How do I apply?

- Complete the Grassroots Grant application form.
- Submit an essay describing your eventing interests and experiences and how you would spend your \$250 in 2024 (500 words or less).
- Submit a photo of you and your equine.
- Submit two letters of recommendation:
 - One from your coach, who is Registered or Certified
 - o One from a supporter of yours (non-family NBEA member)

Application Deadline is May 15th, 2024!



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Applicant Information:

Name:	Date of Birth:	
Address:	City:	
Postal Code:	Email:	
Telephone:	NBEA #:	
Rider Level Completed:		
Independent Supporter */mi	ust be an adult member of NBEA)	
• • • • • • • • • • • • • • • • • • • •	NBEA #:	
Address:		
Email:	Phone #:	
		 uth group leader, stable owner, teacher,
•	er sport who is a member of the NB	•
. , .	·	,
Coach of Applicant:		
Name:	NBEA #	EC#
Address:		
Email:	Phone #:	
Coaching Level:		
What are your goals involving	g horses?	
Are you involved with a club,	, discipline group, or a stable?	

Completed application with the following must be attached:

- Letters from Coach and Independent Supporter
- Essay
- Photo
- Release Form



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RELEASE FORM

l,	(Parent/Guardian) (Applicant), acknowledge that		
i:	s interested in the HTNB Grassroots Gr	ant Program. This is to certif	
that the information provided is	accurate and the applicant agrees to a	bide by the rules and	
regulations of the NBEA/HTNB. I	also agree to allow my (or my child's)	name and/or picture to be	
published in HTNB news release	s and social media if s/he is accepted t	o receive a Grant.	
Signature of Applicant:		_Date:	
Signature of Parent/Guardian: _		_Date:	
Print Name:		_	
Please send completed applicati	on form, supporting letters, essays, and	d photo to:	
Harca Iriaic Niowi Driincwick at n	hharcatriaic/alamail.com		