



**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:

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**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.**

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**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](mailto:lynchrt53@gmail.com)

**Please email completed application to both [office@trhc1925.org](mailto:office@trhc1925.org) and [lynchrt53@gmail.com](mailto:lynchrt53@gmail.com) OR mail to 112 N. Trade Street, Tryon, NC 28782**