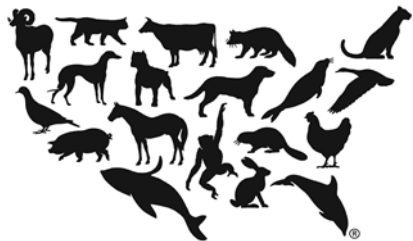


Now, *That's* a Walking Horse! 2015 Grant and Recognition Program



**THE HUMANE SOCIETY
OF THE UNITED STATES**

Rewarding Amateur Owners and Riders using Tennessee Walking horses in
new/non-traditional ways and multi-breed environments

Encouraging and supporting therapeutic and natural horsemanship
programs and clinics and public promotion of the breed

APPLICATION COVER SHEET
Please type or print legibly

Name of Rider/Applicant _____

Gender: M/F ____ Age range: Youth (18 or under) ____ 19-30 ____ 31-45 ____ 46-65 ____ 65-
80 ____ 81+ ____

Name of Horse Owner (if different) _____

Applicant Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

E-Mail: _____

Name of Horse Used in this Activity (use separate sheet to list multiple horses used in therapeutic
horsemanship or public promotion programs): _____

Registration #: _____ Gender: G/S/M ____ Birthdate: ____/____/____

Check One.

1. I am applying for a recognition award in the following category (use separate applications for multiple categories):

<input type="checkbox"/> Dressage (incl. Western or Cowboy Dressage)	<input type="checkbox"/> Jumping
<input type="checkbox"/> Gymkhana events (i.e. barrel racing, pole bending)	<input type="checkbox"/> Reining
<input type="checkbox"/> Driving	<input type="checkbox"/> Endurance or Distance Riding
<input type="checkbox"/> Competitive Trail Riding/ Judged Trail Rides	<input type="checkbox"/> Trail Obstacle Competitions
<input type="checkbox"/> Natural Horsemanship Competitions	<input type="checkbox"/> Cowboy Mounted Shooting
<input type="checkbox"/> Vaulting	<input type="checkbox"/> Agility Training/Competition
<input type="checkbox"/> Drill Team	

2. I am applying for a grant in the following category:

Equipment or sponsorship for riders or upkeep of horses in a non-profit therapeutic horsemanship program at (name of center or establishment) _____

Hosting or organizing a natural horsemanship clinic with (name of clinician)

Promotion of the breed through participation in a public all breed event designed to provide information and education to the general public about the natural Tennessee Walking horse or in programs designed to broaden the appeal of the Tennessee Walking horse as an all-purpose pleasure horse (name of your organization and the event)

3. How did you learn about the Now, *That's* A Walking Horse! Grant and Recognition Program?

New Requirement: I certify that my Walking horse and/or all Walking horses used as part of the non-profit therapeutic horsemanship program, a natural horsemanship training program or clinic, or promotional event are registered with TWHBEA, the Canadian Walking Horse Registry, or a registry with a documentable incorporation/establishment history of at least five (5) *continuous* years of operation, I have enclosed a complete copy, front and back, of my horse and/or each horse's registration papers (if a horse is registered with an organization other than TWHBEA or the Canadian Walking Horse Registry, the registration papers must affirm that the registry where the horse's pedigree and ID information can be found has been in continuous existence for at least five (5) years).

I understand that it is my responsibility to know and abide by the rules governing the Now, *That's* a Walking Horse! Grant and Recognition Program, and I certify that I am eligible to participate as an amateur (as the HSUS has defined the term) or as a representative of a non-profit therapeutic horsemanship program, a natural horsemanship training program or clinic organizer, or as an officer of the organization that desires to participate in a promotional event.

I certify that if applying for a therapeutic horsemanship program, natural horsemanship clinic grant or promotional event, my stated activity will take place within 12 months of the awarding of my grant. I understand that if a program or other promotional materials are created for the activity, The HSUS Now, *That's* a Walking Horse! Grant and Recognition Program will be recognized for its part in making the activity possible.

I understand that as a condition of my grant/reward approval, I must provide either high quality jpeg images of my horse being used in an activity and/or event, or submit hard copy images. These images must be on file with The HSUS' Equine Protection Department's program coordinator. If the image is copyrighted, you must submit a release document from the copyright holder in order for the image to be used. I understand that if I am approved for a recognition award or a grant, my story and photos/videos of myself and my horse and/or event may be used on The HSUS website, The HSUS' press releases and advertising, and related media coverage, including newspapers and magazines.

I agree to write a report about my experiences made possible through the grant and send it to the HSUS within one month of completing the clinic or in the case of a therapeutic horsemanship program, within one month of the activity made possible by receiving the grant.

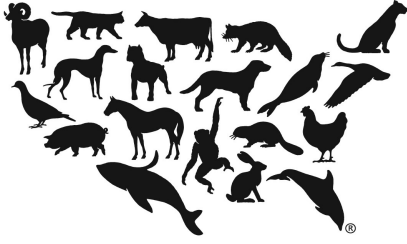
I certify that the heaviest shoe to be worn by any horse involved in Now, *That's* A Walking Horse! is a light shod shoe. If a shoe that does not mean the definition of a light shod shoe is required for therapeutic purposes, I have attached the required veterinary certificate of need to my complete application.

Rider/Applicant/Organization representative signature _____

Date _____

Horse owner signature (if different) _____

Date _____



**2015 Application –
The Humane Society of the United States
Now, That's A Walking Horse! Grant and
Recognition Program**

**THE HUMANE SOCIETY
OF THE UNITED STATES**

Check off each item below as you complete it.
Do not skip any item, unless it is not applicable to your situation as a
Therapeutic Horsemanship Program, Natural Horsemanship Clinic, or Public Promotion event.

THIS CHECKLIST MUST BE INCLUDED WITH YOUR APPLICATION.

In the space provided below or on separate sheets of paper (as necessary), please type or print legibly your answers to all questions and number your responses on the sheets to correspond with the numbers below. You may answer more than one question per sheet.

1. _____ Complete the supplied cover sheet. The cover sheet is the starting point in the process of completing your application, followed by the completion of the remaining items on this checklist below. You are encouraged to retain a copy of your entire original application for your records.

2. _____ If you and/or your team are applying for a recognition award, check which activity you have participated in and for which you would like to be recognized, and describe in detail the circumstances of your participation.

- | | |
|--|------------------------------------|
| _____ Dressage (incl. Western or Cowboy Dressage) | _____ Jumping |
| _____ Gymkhana events (i.e. barrel racing, pole bending) | _____ Reining |
| _____ Driving | _____ Endurance/Distance Riding |
| _____ Competitive Trail Riding/Judged Trail Rides | _____ Trail Obstacle Competitions |
| _____ Natural Horsemanship Competitions | _____ Cowboy Mounted Shooting |
| _____ Vaulting | _____ Agility Training/Competition |
| _____ Drill Team | |

During the previous 12 months, have you and/or your team competed in this activity or taken lessons, privately or in a clinic setting, to participate in this activity:

_____ Once _____ 2-10 times _____ More than 10 times

Did you and/or your team earn a placing, ribbon or other award while competing in this activity?

___ Yes ___ No

If Yes, describe each placing below or on a separate sheet:

What was the name of the competition, and where and when was it held?

Competition name

Location

Date

What was the name of the manager or organizer of the competition?

Manager name

Phone number

Was this competition open to all breeds of horses, gaited breeds only or TWHs only?

How many other entries competed against you and/or your team in this activity?

What placing did you and/or your team earn?

____ Provide a brief history of your riding experiences. Tell us how you came to own a Tennessee Walking horse; how you use your horse; whether or not you participate in multi-breed activities; whether or not you would describe yourself as self-taught or if you have taken riding lessons or participated in riding programs at school or in camps or received other certifications. Do you do volunteer work with a horse activity or group? If so, please describe.

____ Tell us about your horse: age, gender, and how you acquired him or her. How long have you owned the horse? Do you know anything about your horse's background before he/she became your companion? In the case of an owner allowing another rider to use your horse for this activity, tell us how you selected the rider.

____ If you will use your recognition reward for the purpose of taking instruction to improve your skills in a particular riding discipline, please indicate the cost per lesson, with whom you will take these lessons, and attach a copy of your training goals for the lessons, as well as an acceptance letter, preferably on letterhead stationery, from the equine professional who has agreed to give you the lessons. If the equine professional has a website, please include that address and also a phone number for contacting the professional if necessary. The equine professional you select must not have any violation of the Horse Protection Act at the federal or HIO level for a period of five years, beginning with the date of this application, nor must the professional have served a USEF suspension for any reason for a period of five years, counting back from the date of this application.

____ Tell us if you plan to continue with a lesson program after you have used the funds from the recognition reward or if your lesson activity will conclude when you have used the funds.

3. If you are applying for a grant as the operator of a therapeutic horsemanship program; as the clinician or organizer of a natural horsemanship clinic; as an officer of a club or organization that intends to

promote flat shod walking horses in a public event such as an all-breed equine showcase or marketplace or a program established to encourage the use of Walking horses as all-purpose pleasure horses or as please check the appropriate category below and tell us how you plan to use the grant.

a. _____ **Therapeutic Horsemanship Program**

_____ Tell us how you came to use Walking horses in your program and how you acquired them. Why do you think they make good therapeutic horsemanship horses?

_____ Tell us how you plan to use this grant to benefit your therapeutic horsemanship program using Walking horses.

_____ If you plan to bring in a trainer or clinician to supplement your regular therapeutic horsemanship program, tell us the name of the trainer/clinician. Include appropriate contact information. Give a short bio, credentials and, if available, website for the trainer/clinician. Give the anticipated date for your training or clinic participation.

_____ If you already have IRS certification as a 501 (c) 3 organization, please include a copy of your letter attesting to that fact. If you have applied for certification but have not yet received it, please include a copy of your Form 1023. You will also need to include a copy of form W-9 when applying for this grant.

b. _____ **Natural Horsemanship Clinic**

_____ If you are a natural horsemanship clinic organizer, explain why you feel your clinic would benefit Walking horse owners and attach a sample plan for your clinic. Indicate where and when your clinic will be held, and how many horse/rider participants and auditors it will accommodate. How much will you charge these participants?

_____ The Now, *That's* A Walking Horse! grant for natural horsemanship clinics will not cover all of your expenses. How will you cover those expenses that the grant does not cover?

c. _____ **Education /information through promotion in a public all breed equine setting or in an organized program intended to promote the breed as an all-purpose pleasure horse.**

_____ If you are applying as an officer of a club (use your club letterhead) that wishes to have a booth or demonstration of flat shod walking horses at a public exhibition, such as a state equine gathering or a national event like Equine Affaire, attach your plan for your participation. Indicate where this event will be held and when your promotional booth and/or demonstration will take place.

_____ Give an estimated annual attendance at the event. Indicate the charge made by the activity that your organization will need to pay in order to participate. As it is unlikely that the grant will cover all of your expenses related to this promotion, tell us how you plan to meet those additional costs.

_____ Certify that neither horses nor exhibitors or trainers that will participate in this promotion have had violations of the Horse Protection Act on either a federal or HIO level that have taken place within the past five years, counting back from the date of your application.

_____ Certify that all horses used in this demonstration and/or promotion will be shown with shoes no heavier than the current light shod shoe and that no hoof bands will be allowed on any horse that is promoted or demonstrated during this event.

_____ If you have IRS certification as a 501 (c) 3 organization, please include a copy of your letter attesting to that fact. If you have applied for certification but have not yet received it, please include a copy of your application form (1023). You will also need to include a copy of form W-9.

4. To complete your application, please certify your responses to the following questions by signing, either as an individual applicant or as a representative of a program or club or organization, the statement below.

I certify that I have read and understand the rules surrounding award and grant applications.

I certify that neither I, nor any trainer that I have employed on my behalf to train my horse or the horses involved with any grant activity, nor a rider who is a party to this application have received a violation of the federal Horse Protection Act either from any USDA certified Horse Industry Organization (HIO) or from any federal inspector within the past 5 years.

I certify that the horse(s) used for this activity is a flat shod horse(s); does not wear bands of any sort; and is shod as follows (check one) Lite Shod _____ Keg shod _____ or Barefoot _____. If my horse or the horses used in any grant activity require therapeutic shoeing, I have attached as a separate sheet a veterinary certificate of need on letterhead stationery that describes the shoeing protocol for this horse.

I certify that my horse and/or any horse used in a grant activity are registered with TWHBEA, the Canadian Walking Horse Registry, or a registry with a documentable incorporation/establishment history of at least five (5) *continuous* years of operation, and that I have attached a complete copy, front and back, of each horse's registration papers to this application (if a horse is registered with an organization other than TWHBEA or the Canadian Walking Horse Registry, the registration papers must affirm that the registry where the horse's pedigree and ID information can be found has been in continuous existence for at least five (5) years).

Rider/Applicant/Representative Signature

_____ Date _____

Owner Signature

_____ Date _____

(if different person)

5. This checklist of questions/application requirements, as well as the appropriate IRS certifications and forms if necessary, are part of your total application packet. You must include the checklist at the end of your application.

Applications for the 2015 program begin to be accepted on January 1, 2015 and must be postmarked no later than November 1, 2015 to be considered for this year's award program.

MAIL COMPLETED APPLICATIONS TO:

The Humane Society of the United States
ATTN: Now *That's* a Walking Horse!, Equine Protection
700 Professional Drive
Gaithersburg, MD 20879