



Grant Application

Today's Date	Name of 501 (c)(3) Organization		
Year Established		Amount Requested \$	
Name of Executive Director			
Mailing Address			
City		State	ZIP

Farm/Facility Name			
City		State	ZIP
Work Telephone		Fax	
E-mail Address		Website Address	
Mailing Address			
City		State	ZIP
Contact - Name and Title			
Work Phone		Email	

Please provide a response to each question below:

Brief Mission Statement

In brief, what is your proposed use of the grant you are applying for? Include 3 - 5 goals you wish to achieve with this funding.

We are requesting scholarship funds to benefit four students in the 2021-22 academic year. Our overall goal is to help provide our equine-related and VMT majors with the financial resources to complete their education thus giving them the freedom to pursue the full training, service-learning opportunities, and extracurricular equine activities available with a Wilson education, when it is safe to do so. By releasing students from working in off campus, non-equine related jobs, they can take part in more on campus equine and VMT related workshops, seminars and conferences thus focusing on the hands on, highly skilled training necessary in their field. Additionally, with more available time, scholarship recipients participate in skill based, ancillary classes, not required by their specific major. Wilson faculty have observed TERF scholarship recipients, when not faced with financial distractions, become more engaged in community-based riding programs, serving as volunteers, mentors and leaders.

If you received a grant from TERF (Thoroughbred Education and Research Foundation) previously, please describe how those funds were used.

Please list the other organizations or major contributors that have provided funding to your organization within the last calendar year.

Please describe your charity's public education/research efforts.

Please describe any publicity your charity has earned within the last calendar year. Copies of news articles or a brief summary of news coverage are acceptable.

List 2 - 3 things that distinguish your organization and why TERF should fund this proposal.

Space for Additional Information and Notes

Please List Your Organization's Officers and Their Titles.

Please list the organization's board of directors or trustees including names, addresses, work and home telephone numbers. Please use additional space if needed.

Name			
City		State	ZIP
Work Telephone		Home Telephone	

Name			
City		State	ZIP
Work Telephone		Home Telephone	

Name			
City		State	ZIP
Work Telephone		Home Telephone	

Name			
City		State	ZIP
Work Telephone		Home Telephone	

Name			
City		State	ZIP
Work Telephone		Home Telephone	

Please list names and, briefly, the duties of volunteers and paid employees in your organization. Also, provide salaries paid to directors and employees if applicable. Please use additional space if needed.

Name	Salary \$
Duties	

Name	Salary \$
Duties	

Name	Salary \$
Duties	

Name	Salary \$
Duties	

Name	Salary \$
Duties	

Name	Salary \$
Duties	

Please print completed document, scan it, and email along with supporting documents to: office@terfusa.org.