

**Manitoba Pony Club  
Educational Support Fund  
Application Form**

Name \_\_\_\_\_

Address \_\_\_\_\_

Branch \_\_\_\_\_ Level \_\_\_\_\_

E-mail \_\_\_\_\_

Clinic Organizer \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_ Location \_\_\_\_\_

Clinician \_\_\_\_\_

Total Cost \_\_\_\_\_

Funds from any other group or organization:

Group \_\_\_\_\_ Amount \_\_\_\_\_

.....  
For Committee Use Only.

Directed or General

Cheque paid to \_\_\_\_\_

Cheque # \_\_\_\_\_ Date \_\_\_\_\_