

CANADIAN PONY CLUB**NATIONAL EDUCATION GRANT PRELIMINARY APPLICATION**

Year: _____

Region _____ Contact Name _____

Send Cheque to _____
(usually the Regional Treasurer)

ADDRESS _____

POSTAL CODE _____ PHONE # _____

Type of Clinic _____

Possible Clinician(s) _____

Tentative Date _____

Please complete one form per clinic if you are using more than one to qualify

Application Requirements:

1. All Regions may apply for an Education Grant up to a maximum of \$500 per year.
2. Acceptable clinics:
 - *Stable Management topics and/or Riding clinics for D and/or C members
 - *Stable Management topics and/or Riding clinics for C and/or B members
 - *Stable Management Clinics aimed at Test preparation for any level

Testing Evaluation clinics, Examiners clinics and the purchase of Educational materials will not be permitted under this grant.

3. Regions are **encouraged** to use a clinician from outside their Region but this is **not** considered a requirement.
4. Qualifying expenses include: Clinician travel costs, facility rental, printing & general admin costs, fees paid to clinicians and any other qualifying expense paid in order to facilitate the clinic or camp.
5. This application must include a proposed budget.
6. Please remember to photo copy all of your receipts or cancelled cheques and keep track of incomes as they occur to ease the task of gathering these required items in completing your Post Report.
7. Mail, Email or fax to the National Education Chair no later than April 30th of the granting year. **Applications received after the April 30th deadline will not be accepted.**
National Education Chair Contact information can be found on the Post Report document.

In order to receive the Grant you must also submit the Post Report by no later than October 31st of the granting year.

CANADIAN PONY CLUB**NATIONAL EDUCATION GRANT POST EVENT REPORT**

Region _____ Contact Name _____

Send Cheque to _____
(usually the Regional Treasurer)

Address _____

Postal Code _____ Phone # _____

Clinic Date and Type _____

Clinic Location _____

Clinician _____

Honorarium \$ _____ Travel \$ _____ Facility \$ _____

Actual Number of participants _____ Cost to participants _____

The Post Report must include;

- a) In order to receive the funds, the Post Report must be submitted to the National Education Chair no later than **October 31st** of the granting year.
- b) A brief outline of the clinic(s), participants and a critique of your clinician(s).
- c) If you are including more than one clinic date you may use this form to summarize but you must include the details of each in your outline in an attached document of any format you wish.
- d) A profit/loss statement, including all qualifying expenses and incomes. This statement must be accompanied by receipts and or cancelled checks for all of the expenses listed. Photocopies will be accepted.
- e) A clinician evaluation form for each of your clinicians. This information will be used to compile and update a National Clinicians List. In order to be included a "Request for Inclusion" form must be completed and forwarded to the National Education Chair.

Please fax, email or mail all required documents to:

National Education Chair
Lezah Williamson
26833 - 34 Avenue
Aldergrove, BC V4W 3G8

Email: lezahwilliamson@gmail.com
Fax: 604-857-8884

CANADIAN PONY CLUB



Request for Inclusion to the National Clinician's List

New application: _____ Renewal: _____ (Please check one)

Clinician Name: _____

Address: _____ Province: _____

Postal Code: _____ Region: _____

Phone (____) _____ Fax (____) _____ E-mail _____

Regional Examiner _____ National Examiner _____ EC Coaching Level _____ PC Alumni _____
(If applicable but not mandatory to be any of the above for this purpose)

Experience/Career related to the discipline/topic: _____

Willing to travel to other Regions? _____ Honorarium Expected \$ _____

Approximate length of clinic: _____

Type of Facility Required: _____ Are Horses/Ponies Required: _____

Best suited to (please check all that apply) Younger members Older members Both

Suitability to Pony Club level/s: (Please check all that apply) D__ D1__ D2__ C__ C1__ C2__ B__ B2__ A__

Is this a seasonal Clinic ? Yes / No If so which season/months? _____

Brief explanation of clinic: _____

Submitted by _____ Date: _____ Phone: () _____ Email: _____

Best suited to: Younger members _____ Older members _____ or Both _____

Please include comments that may help a Region when looking for a clinician.

