

**WISCONSIN STATE 4-H HORSE ASSOCIATION
CLINIC GRANT APPLICATION**

PURPOSE: The Wisconsin 4-H Horse Association recognizes the importance of learning events within the 4-H Horse Project. To assist organizations/counties with expenses incurred in the training of 4-H youth and leaders throughout Wisconsin multiple grants of \$250 will be awarded annually.

Please complete this application and mail to:
Joe Pribek, Clinic Chairman
N3361 Sleepy Hollow Road
Kewaunee WI 54216

DEADLINE: November 1st

Name of hosting organization: _____

Type of Clinic: _____

Location: _____

Clinic Date: _____

Clinician: _____

Official Contact: _____

Name

Phone

Address

CLINIC MUST ADDRESS SAFETY AND SPORTSMANSHIP

Have you received a Wisconsin 4-H Clinic Grant in the past? Yes ____ No ____

If Yes: Type of Clinic held _____ Year/s held _____

Please list the number of workers your county or organization provided at the Midwest Horse Fair Used Tack Sale _____

Please list other State 4-H Horse Association events where your county or organization has provided workers: _____

If your event is selected to receive a grant, a check will be made out to the hosting organization and mailed to the official contact person in January. (Clinics that are cancelled/not held are responsible for returning the grant money to the Wisconsin 4-H Horse Association at: N3361 Sleepy Hollow Road, Kewaunee, WI 54216)

Date received by chairman _____