

**Back Country Horsemen Education Foundation of America**  
**PO Box 1367**  
**Graham WA 98338-1367**  
**1-888-893-5161**  
**Grant/Award Form**

**Requesting Organization**

BCH State \_\_\_\_\_ Chapter/Unit/Affiliate \_\_\_\_\_ Other \_\_\_\_\_

BCH State, Committee, or Chapter/Unit/Affiliate Name:

\_\_\_\_\_

Other Organization \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ FAX \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Amount requested \_\_\_\_\_

Purpose of Grant/Award \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_ Funding check sent to Foundation by \_\_\_\_\_

Revised 4/16/09

Office Use: Date Received \_\_\_\_\_ Response: \_\_\_\_\_

\_\_\_\_\_