



2020 OHHA Standardbred Equine or Human Benevolent Fund Application

Fund Purpose: Provide grant-based assistance or aid to standardbred horses, owners, trainers, and grooms or breeding farm workers in distress or under threat of imminent harm. OHHA Benevolent Aid is available on a case-by-case basis. Funds distributed solely in the OHHA's discretion for the use and manner deemed most beneficial.

Eligibility Requirements: Equine relief limited to racing or breeding standardbreds. Human Benevolence limited to owners, trainers, grooms, and breeding farm workers. You must be an Ohio Resident and OHHA Full, Active Member in good standing. All circumstances must be substantiated and verified for a distribution of funds.

Requests: All requests must be made on this form by the person requesting aid. The form must be completed in its entirety. If grooms or breeding farm workers are requesting support, the Owner, Trainer, or Farm they work for must verify and sign.

Fill out form completely & use additional sheets if needed for any section. List horse, age, and Owner, please include Owner's Address.

(Please Print, * Fields Required)

*OHHA Member ID _____

*Name _____ * Email _____

*Address _____ *City _____ *State _____ *Zip _____

*County _____ *Phone _____ * Cell Phone _____

Check here if you were an OHHA Member last year ____ and/or USTA Member (Include #) _____ * Date of Birth (mm/dd/yy)

Check the box if racing is your only source of income *List Current Monthly Income (dollar amount):

*List Current Sources of Income:

*Current Net Worth:

Human Request Details: (include employment info.)	
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Equine Request Details:	
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For Human or Equine Requests, Please Also Complete the Section Below.

List Standardbred Horses in Distress

or

List Standardbred Horses Under Your Care (if seeking Human Benevolence)

List Horse (Note: Breeding or Racing Standardbred)	List Owner and Owner's Address	Detail Distress or Threat of Imminent Harm to Horses
1.		
2.		
3.		
4.		

Signature _____ (Date) _____ (mm/dd/yy)

If Groom or Breeding Farm Worker, Signature of Employer: _____ (Date) _____ (mm/dd/yy)