

CANADIAN PONY CLUB



NATIONAL EXAMINER GRANT APPLICATION

1. One grant per region
 - a) The examiner must be a senior C2 Regional Examiner wishing to become a National Examiner. They must have attended an Examiner Clinic within the previous 18 months. They must have been on a minimum of two C2 panels within the previous four years. This grant is meant to assist qualified Examiners with travel, meal and accommodation expenses necessary to audit a qualifying B or B2 test.
 - b) The audited test must be a full test including stable management, lungeing, flat ride and over fences phases. The qualifying Examiner will be expected to test one or two stable management topics including providing the Senior Examiner with questions and expected answers one week prior to the test date.
2. Regions are encouraged to recommend a qualified examiner if the local region is not hosting the required full B or B2 test locally.
3. Applications must include signed approval of both the Regional Testing Chair and the hosting Testing Chair.
4. Applicant must submit a proposed budget before approval is granted.
5. Applicants must submit a post test report (see page 3) including a summary of participation, a senior examiner report and financial statement. Include receipts for accommodation, meals, mileage, etc. Applications will be denied if proof of expenditures are not submitted.
6. Each grant will be for up to a maximum of \$1000, as required. It is expected the applicant will look for a test close to their region.
7. Application should be made as early as possible to avoid any duplication. The deadline is June 30th of the granting year
8. Deadline for submitting the post event report is one month after the conclusion of the test.

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NATIONAL EXAMINER GRANT APPLICATION

EXAMINER _____ CURRENT REGIONAL TEST LEVEL _____

REGION _____ REGIONAL TESTING CHAIR _____

CELL PHONE: _____ PHONE _____

ADDRESS _____

POSTAL CODE _____ EMAIL _____

QUALIFYING C2 PANELS (Test Report should be on record at National) _

Tentative Test Date(s) _____

HOSTING REGION _____ HOSTING TEST CHAIR SIGNATURE _____

Senior Examiner _____ Email _____
(when available)

REGIONAL TEST CHAIR SIGNATURE _____ DATE: _____

APPLICANT SIGNATURE _____ DATE: _____

Attachments :

Proposed Budget _____

A tentative approval will be emailed to Regional Test Chairs and Examiner.

Send to: Gwen Barnes, Box 77, Gores Landing, ON K0K 2E0

Or scan and email to: gbarnes@sympatico.ca

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NATIONAL EXAMINER GRANT
POST TEST REPORT

EXAMINER _____ REGION _____

TEST DATE(S) _____ TEST LOCATION _____

SENIOR EXAMINER _____ CELL _____

Submit travel costs, accommodation and meals, etc. as well as an outline of participation. Include copies of receipts for all expenses. Mileage may be included.

Request a report/letter of recommendation from the Senior Examiner at the test be sent to the National Test Chair.

The Post Event Report must be submitted to the National Test Chair within 6 weeks of the test.

Attachments:

- Written summary of participation _
- Financial Statement _
- Receipts _

Mail to: Gwen Barnes, Box 77, Gores Landing, ON K0K 2E0
Or scan and email to: gbarnes@sympatico.ca

Rec'd: _____
Sr Examiner report: _____
Finanacil statement: _____ Receipts: _____

Final Approval: _____ Amount: _____

Date: _____ Nat. Test Chair Initial _____