

## CANADIAN PONY CLUB



### NATIONAL TESTING GRANT APPLICATION

REGION \_\_\_\_\_ CONTACT NAME \_\_\_\_\_

PHONE \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ EMAIL \_\_\_\_\_

Type of Clinic \_\_\_\_\_

Possible Clinician(s) \_\_\_\_\_

Tentative Date(s) \_\_\_\_\_

#### Criteria for application:

1. Acceptable clinics

- A) Candidate Evaluation Clinic – Evaluation/Screening Clinics are mandatory for B, B2 and A level testing. This grant is meant to assist Regions with little or no local access to high level clinicians capable of conducting this level of evaluation. Regions that test C2 as a Regional Test are encouraged to include the C2 candidates in the Evaluation Clinic.
- B) Examiner Training Clinic - This grant is to assist Regions to set up clinics to help train new and existing examiners in their Region.

2. Regions are **encouraged** to use a clinician from outside their Region.

3. Applications must include a **detailed description of the clinic** applied for **including a proposed budget**.

4. Applicants must complete a **post event report** including a summary of activities, participation and financial statement. Include receipts for all travel costs, accommodation, clinician honourariums, etc. Applications will be denied if proof of expenditures and a schedule are not submitted.

5. Each region may apply for a Testing Grant up to a maximum of \$500.00

6. Application deadline is **April 30<sup>th</sup>** of the granting year.

7. Deadline for submitting the post event report is **September 30<sup>th</sup>** of the granting year.

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

Or scan and email to: [gbarnes@sympatico.ca](mailto:gbarnes@sympatico.ca)

## CANADIAN PONY CLUB



### NATIONAL TESTING GRANT POST EVENT REPORT

REGION \_\_\_\_\_ CONTACT NAME \_\_\_\_\_

SEND CHEQUE TO \_\_\_\_\_  
(usually the Regional Treasurer)

ADDRESS \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ PHONE \_\_\_\_\_

Clinic Dates: \_\_\_\_\_ Type: \_\_\_\_\_

Clinician \_\_\_\_\_ Honourarium: \_\_\_\_\_

Number of Participants: \_\_\_\_\_ Cost per participant: \_\_\_\_\_

A complete **financial statement of income and expenses** must be included in the Post Event Report. Include copies of **receipts or cancelled cheques** for all expenses. Include travel costs, accommodation and meals, facility costs, etc. as well as an outline of participant admission fees.

Include a clinic schedule.

The Post Event Report must be submitted to the National Testing Chair by **September 30<sup>th</sup>** of the granting year.

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Approval: \_\_\_\_\_