

WSHC EQUINE FOUNDATION, INC.

Grant/Donation Request Information Sheet

Date of Request: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ (Include Budget breakdown)

Purpose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How does your request coincide with our mission statement? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Information / Comments: \_\_\_\_\_

\_\_\_\_\_

Have you applied at another time for funding from this Foundation or from Wisconsin Horse Council? Yes No

What other resources are funding your project? \_\_\_\_\_

\_\_\_\_\_

Your request will be reviewed at our next meeting. If WSHCEF provides funding we will require follow up pictures from you.

The mission of the Equine Foundation is to support Wisconsin's expanding equestrian community by funding:

Educational Initiatives Equine Research Trail Development Youth Scholarship and Participation

WSHC Equine Foundation [www.wisconsinhorsecouncil.org/wshcef](http://www.wisconsinhorsecouncil.org/wshcef)  
[wshcequinefoundation@gmail.com](mailto:wshcequinefoundation@gmail.com)