

GQHA Crisis Fund Application

Name of GQHA member requesting assistance _____

Address _____

Name of GQHA Referral (Director or National Director) _____

Date of disaster, hardship or illness _____

Severity of disaster, hardship or illness _____

Availability of Insurance _____

Other sources of income or support available _____

How can GQHA best help you? _____

1. Monetary Support _____

2. Financial Counseling _____

3. Personal Support Group _____

4. Clothing _____

5. Equipment _____

6. Household Supplies _____

7. Other trainer temporary support _____

8. Other _____

I hereby certify that the above information is correct. I understand that I maybe asked to provide financial information and previous year's tax return. I will waive and hold the GQHA harmless from any alleged liability in connection with my request for assistance. This waiver extends to any and all actions taken with respect to this application (and whether or not assistance is granted). In this regard, I acknowledge that whether or not I am determined to be eligible for assistance, and whether or not assistance is given, are matters solely within the absolute direction of the Crisis Fund Committee. For purposes of this waiver and hold harmless agreement, the term "Crisis Fund Committee" shall include the Georgia Quarter Horse Association and any of its employees, officers, directors or agents.

Date _____ Signature _____

