

## USEF LITE GRANT APPLICATION FOR THE COMPETITION ORGANIZER

APPLICATION REQUIREMENTS FOR GRANT ELIGIBILITY:

Return applications to litegrant@usef.org

- Must be a USEF Lite licensed competition for the 2026 competition year
- Must be used to assist funding for the required Qualified Medical Personnel OR the use of an enrolled Applicant Steward or Technical Delegate, not an existing USEF licensed Steward or Technical Delegate
  - . The Applicant Steward or Technical Delegate must have completed the Designated Applicant Training
- The Competition Manager must be an Active Competing Member of USEF.

USEF is offering a grant program for USEF Lite licensed competitions to help offset the costs associated with obtaining the required Qualified Medical Personnel OR hiring a USEF Applicant Steward or Technical Delegate. The grant will be issued to the Payee indicated below following the competition, if all requirements are met. The grant is to be used solely for the costs of obtaining Qualified Medical Personnel OR hiring an enrolled Applicant Steward or TD. Each application must list the name/company of the qualified medical personnel OR the name of the Applicant official, and that individual must be an existing Applicant prior to the submission of this grant application. Those competitions hosting three or more days of classes will be eligible for a \$300 grant and competitions hosting one to two days of classes will be eligible for a \$300 grant.

classes will be eligible for a \$500 grant and competitions hosting of	on of this grant application. Those competitions nosting three or more days of one to two days of classes will be eligible for a \$300 grant.
COMPETITION NAME	COMPETITION #
COMPETITION MANAGER'S NAME	USEF ID
TELEPHONE #	EMAIL
LICENSEE'S NAME	USEF ID
TELEPHONE #	EMAIL
PLEASE INDICATE THE GRANT PAYEE: □COMPETITION MANGAG	ER   COMPETITION LICENSEE   PLEASE SPECIFY
PAYEE MAILING ADDRESS	
QUALIFIED MEDICAL PERSONNEL OR APPLICAN	T STEWARD/TD INFORMATION
NAME	USEF ID
TELEPHONE #	EMAIL_
WHAT COSTS ARE YOU INCURRING TO HIRE QUALIFIED MEI (PLEASE LIST THE ANTICIPATED EXPENSES IN DETA	DICAL PERSONNEL OR AN APPLICANT STEWARD OR TD?
PLEASE INDICATE THE USE OF THE GRANT:   QUALIF	FIED MEDICAL PERSONNEL
The decision to award funding is at the sole discretion of Us five hundred dollars, upon receipt of the following:	SEF. If a grant is awarded, recipient(s) will receive reimbursement up to
For use in hiring an Applicant Steward/TD:	
<ul> <li>Completed Steward/TD USEF Lite Report submitt</li> <li>For use in obtaining Qualified Medical Personnel:</li> </ul>	ed by the Applicant official post-competition.

PAYEE SIGNATURE

DATE

LINITED STATES FOLIESTRIAN FEDERATION: 4001 WING COMMANDER WAY: LEXINGTON KY 40511: 859-810-8733: FAX 859-721-1151: LISEE ORG

Proof of expenses spent for this role. Invoices and receipts must be submitted by email to litegrant@usef.org.