

Utah Horse Council, Inc.
5615 N 6300 W
Mt. Green, UT 84050

Scholarship Request

() Date

Name & address of Organization:

Contact Tel. Number:

Contact Person:

Federal Tax Identification Number

Or Tax Exempt Status:

Amount Requested \$ _____

Description Of Request:

(Detailed description of the purpose and how the funds will be used to promote your charitable function)

(Please attach a second page if necessary)

Signature of organization's Representative: _____

Utah Horse Council, Inc. use only

Date of Board Approval: _____

Board Signature: _____

Date of Payment: _____

Check Number: _____