



## **Maryland Horse Shows Association Limited Relief Fund Application**

**Applicant's Name:** \_\_\_\_\_

\* Applicant must be an MHSA member

**Applicant's Contact Information:**

Phone Number: \_\_\_\_\_

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

Street Address/ P.O. Box: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Describe Applicant's Need and List The Receipt(s) That Are Attached:**

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**Please Email This Form And Any Attachments To Miranda Grabill, President MHSA  
at [mgrabill@mcdonogh.org](mailto:mgrabill@mcdonogh.org)**

*All applications will be reviewed by the Executive Committee of MHSA. Applicants names and information on the form will remain confidential. Applicants will be notified within two weeks of any decisions. RECEIPTS MUST BE SENT WITH APPLICATION*