



EDUCATIONAL ASSISTANCE APPLICATION

EXPLANATION OF TERMS

- Association: The Horsemen's Benevolent and Protective Association of Ontario (HBPA)
- Child: Natural, Adopted or Stepchild
- Acceptable educational institutions: University, College, a recognized "grant-eligible" program of higher education

PURPOSE OF THE FUND

The purpose of the HBPA of Ontario Educational Assistance Fund is to encourage eligible candidates to obtain further education at an acceptable educational institution. The fund is essentially a plan for financial assistance to help pay part of the costs associated with achieving this goal. This assistance is one of the benefits of participation in thoroughbred racing in Ontario.

VALUE OF ASSISTANCE

The maximum assistance that may be awarded to a successful candidate in any one calendar year is \$1,000 Canadian. Effective 2010, the maximum number of years that Educational Assistance will be awarded to any one applicant is four (4) years.

ELIGIBILITY AND REQUIRED PROOF OF ELIGIBILITY

The application covers the current academic/calendar year ONLY (September 1st to August 31st). Applications for previous years' tuition assistance will not be accepted

You may apply to receive assistance if you are eligible under one or more of the categories listed in Section 1. Applicants and licensed Member must reside in Ontario full time and the Member must be a Canadian Citizen. Applicants must be under the age of 26 when applying. Proof of age will be required by providing a copy of government issued identification.

SECTION 1: APPLICANT CATEGORY

The Applicant may be the child of:

- a. A current Member of the Association (Owner and/or Trainer) who owns a race horse currently competing in Ontario. The Member must have a minimum of 5 years in good standing with the Association.
- b. A deceased Member of the Association (Owner and/or Trainer). The Member must have had a minimum of 5 years in good standing and died while a Member of the Association.
- c. A current backstretch employee who has been employed full time by a Member of the Association for a minimum of 5 years.

SECTION 2: ACADEMIC REQUIREMENTS

An Applicant must have been accepted and registered as a full or part time student that leads to a recognized degree, diploma or certification from an acceptable educational institution.

SECTION 3: T4A FOR TAX PURPOSES

The HBPA is required to issue a T4A slip to all recipients of the Educational Assistance Fund. The slips will be sent to the address on the front of the application by the end of February of the following year.



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APPLICANT'S INFORMATION

FIRST NAME: _____ LAST NAME: _____

MAILING ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE: _____ EMAIL ADDRESS: _____

DATE OF BIRTH: _____ SOCIAL INSURANCE #: _____ STUDENT ID #: _____

EDUCATIONAL INSTITUTION

EDUCATIONAL INSTITUTION: _____ YEAR: _____

PROGRAM: _____ TUITION AMOUNT: _____

BILLING ADDRESS & DEPARTMENT: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

DECLARATION OF FINANCIAL AID

*Please indicate if the applicant will receive any of the following forms of financial aid and the related amount. Parent **MUST** sign this declaration.*

BURSARY: YES / NO INSTITUTION: _____ AMOUNT: _____

OSAP LOAN: YES / NO AMOUNT: _____

OSAP GRANT: YES / NO AMOUNT: _____

OTHER: YES / NO INSTITUTION: _____ AMOUNT: _____

SCHOLARSHIP: YES / NO INSTITUTION: _____ AMOUNT: _____

I declare this information is complete, exact, and true to the best of my knowledge.

PARENT NAME: _____ SIGNATURE: _____

PARENT PHONE #: _____ PARENT EMAIL ADDRESS: _____



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APPLICANTS CATEGORY

I AM APPLYING AS:

- A child of a current Member of the Association who has been a Member of the HBPA of Ontario for a minimum of five (5) years; who owns a race horse completing in Ontario
The name of the race horse owned and/or trained by my parent that is currently competing:

MEMBER NAME: _____ MEMBER SIGNATURE: _____

- A child of a deceased Member (owner and/or trainer) of the Association who had a minimum of five (5) years Membership with the HBPA of Ontario and who died while being a Member

MEMBER NAME: _____

- A child of a backstretch employee who has been employed full time by a Member of the HBPA of Ontario (owner and/or trainer) for a minimum of five (5) years

PARENT NAME: _____ PARENT SIGNATURE: _____

I hereby certify and agree that:

- All statements contained in the application are true
- All funds granted will be used for the purpose stated
- In the event I withdraw from the stated course prior to the end of the academic year, all funds and/or rebates are the property of the Educational Assistance Fund and will be returned to it

SIGNATURE OF APPLICANT: _____ DATE: _____

WORK EXPERIENCE

TRAINER: _____ TRAINER SIGNATURE: _____

LICENSED AS: _____ START DATE: _____ END DATE: _____

TRAINER: _____ TRAINER SIGNATURE: _____

LICENSED AS: _____ START DATE: _____ END DATE: _____

TRAINER: _____ TRAINER SIGNATURE: _____

LICENSED AS: _____ START DATE: _____ END DATE: _____



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CHECKLIST

- Complete Educational Assistance Application
- Attached Proof of Acceptance **AND** Tuition
- Attached copy of government issued identification as proof of age
- Parent has signed the declaration of financial aid page

AS A CHILD OF A CURRENT OR DECEASED MEMBER OF THE ASSOCIATION

- Attached copy of my parent current and/or past AGCO license
- Attached copy of my parents AGCO Licensing History
(*Must be obtained by applicant through AGCO Licensing office*)

AS A CHILD OF A BACKSTRETCH EMPLOYEE WHO HAS BEEN EMPLOYED FULL TIME BY A MEMBER OF THE ASSOCIATION FOR THE PAST 5 YEARS

- Attached copy of my parents current AGCO License
- Attached copy of my parents AGCO Licensing History
(*Must be obtained by applicant through AGCO Licensing office*)
- The '*Proof of Employment*' section of the application—including dates of employment and trainers signature is required