***\*\*\* NOTE: Please complete & include all required information for submission \*\*\****

Jump Alberta supports the continued education of hunter/jumper riders, trainers and industry officials. In the past, we have focused our bursary program on education and travel opportunities. We empathize with all those who have been affected by the COVID-19 pandemic and as a result, we have extended our 2020 bursary program to include board relief in order to provide additional support to our members. The Jump Alberta Bursary and Scholarship Committee will evaluate each bursary application and award bursaries at their sole discretion. Therefore, not all applicants may be awarded bursaries.

Only **board/horse relief funding, travel, and/or education-related funding needs** will be considered eligible. The current annual bursary amount per person is up to a maximum of **$500 CAD;** inclusive of all taxes and other fees.

Please complete the following application; and return to Jump Alberta. Applications will be reviewed annually and must be received by October 31st of the current year for consideration. Bursaries will be awarded and paid in November 2020.

**Applicant Information:**

**JA Member Name/Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Postal Code: \_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AEF/Jump Alberta #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EC#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Name (if under 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\* NOTE:**

**ALL supporting information must be attached for this application to be eligible for bursary consideration:**

* **Details of circumstances**
* **ALL supporting receipt/expense documentation**
* **Letter of Support from your Trainer (if not a Trainer applying) – FOR SPECIAL EDUCATION BURSARY APPLICATION ONLY**
* **Education Clinic and/or Symposium receipt must be included in the application**
* **All 3 pages of this application must be completed for submission consideration**

Jump Alberta Society (“Jump Alberta”) seeks to develop Show-Jumping activities and athletes through social media and publicity. Successful recipients of Jump Alberta bursaries (“Recipients”) may be required to provide certain information and documentation for use by Jump Alberta. This includes, but is not limited to, basic personal information, publishing photographs, blogs, and journals provided by the Recipient (the “Documents”) via Facebook, Instagram, Twitter, websites and general marketing and promotional documentation (“Social Media Campaign”).

In consideration of this application, I, the Recipient, hereby authorize Jump Alberta to copy, distribute, publish and circulate the Documents in connection with the Social Media Campaign. The Documents provided will be utilized by Jump Alberta at their sole discretion.

I hereby release and hold harmless Jump Alberta from any reasonable expectation of privacy or confidentiality associated with the Documents.

I hereby release Jump Alberta, its contractors, employees, volunteers and any third parties involved in the dissemination, publication or circulation of the Documents, from liability for any claims by me or any third party in connection with the use of the Documents in the Social Media Campaign.

*For further information/questions, please contact the Jump Alberta Social Media Committee via email at: jumpalberta.com*

I HAVE READ AND UNDERSTAND THIS FORM. I CONSENT TO THE USE OF THE DOCUMENTS FOR THE SOCIAL MEDIA CAMPAIGN BY JUMP ALBERTA.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member/Applicant’s Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member/Applicant’s Signature

I ATTEST THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE CHILD OR CHILDREN LISTED ABOVE AND THAT I HAVE FULL AUTHORITY TO CONSENT ON BEHALF OF THE CHILD.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian (if applicant is under 18 years of age)

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Signature of Parent/Guardian (if applicant is under 18 years of age)

**Please send completed Application Form to:** Jump Alberta

#197, 132 – 250 Shawville Blvd. SE

Calgary, Alberta T2Y 2Z7

- or -

**Scan & Email to:** jumpalberta@gmail.com