



Ontario Therapeutic Riding Association

54117 Heritage Line RR 1
Straffordville, ON N0J 1Y0
www.ontra.ca

2011 *Leg Up* Grant Application

Name of Centre _____
Address _____
Contact Person _____ Position _____
Phone _____ Fax _____ email _____

Please attach proof of meeting all criteria listed in our Grant Proposal letter. Please use this form as a guide only and use however much space you require and answer the following questions:

Describe the rider(s) for whom the grant funds are being applied. _____

How does this represent a new opportunity for the rider(s) in need at your centre?

How will your rider(s) benefit from receiving this grant?

How long has your organization been a member of OnTRA:

- One year or less 2-5 years 6-10 years 11 or more years

Have you contributed to OnTRA in the past 2 years either by hosting an event, or submitting articles for The Rider? Yes _____ No _____ If yes, please provide details:

