

USEF LITE GRANT APPLICATION FOR THE COMPETITION ORGANIZER

APPLICATION REQUIREMENTS FOR GRANT ELIGIBILITY:

- Must be a USEF Lite licensed competition for the 2025 competition year
- Must be used to assist funding for the required Qualified Medical Personnel OR the use of an enrolled Applicant Steward or Technical Delegate, not an existing USEF licensed Steward or Technical Delegate
 - The Applicant Steward or Technical Delegate must have completed the Designated Applicant Training
- The Competition Manager must be an Active Competing Member of USEF.

USEF is offering a grant program for USEF Lite licensed competitions to help offset the costs associated with obtaining the required Qualified Medical Personnel OR hiring a USEF Applicant Steward or Technical Delegate. The grant will be issued to the Payee indicated below following the competition, if all requirements are met. The grant is to be used solely for the costs of obtaining Qualified Medical Personnel OR hiring an enrolled Applicant Steward or TD. Each application must list the name/company of the qualified medical personnel OR the name of the Applicant official, and that individual must be an existing Applicant prior to the submission of this grant application. Those competitions hosting three or more days of classes will be eligible for a \$500 grant and competitions hosting one to two days of classes will be eligible for a \$300 grant.

that individual must be an existing Applicant prior to the submission classes will be eligible for a \$500 grant and competitions hosting on	pany of the qualified medical personnel OR the name of the Applicant official, and not this grant application. Those competitions hosting three or more days of the to two days of classes will be eligible for a \$300 grant. COMPETITION #
	USEF ID
TELEPHONE #	EMAIL
LICENSEE'S NAME	USEF ID
TELEPHONE #	EMAIL
PLEASE INDICATE THE GRANT PAYEE: COMPETITION MANGAGER	□ COMPETITION LICENSEE □ OTHER, PLEASE SPECIFIY:
PAYEE MAILING ADDRESS	
QUALIFIED MEDICAL PERSONNEL OR APPLICANT	STEWARD/TD INFORMATION
NAME	USEF ID(if applicable)
TELEPHONE #	EMAIL
WHAT COSTS ARE YOU INCURRING TO HIRE QUALIFIED MEDI (PLEASE LIST THE ANTICIPATED EXPENSES IN DETAIL	
The decision to award funding is at the sole discretion of USE five hundred dollars, upon receipt of the following:	EF. If a grant is awarded, recipient(s) will receive reimbursement up to
 For use in hiring an Applicant Steward/TD: Completed Steward/TD USEF Lite Report submitte For use in obtaining Qualified Medical Personnel: Proof of expenses spent for this role. Invoices and 	ed by the Applicant official post-competition. receipts must be submitted by email to litegrant@usef.org .

Return applications to litegrant@usef.org
PAYEE SIGNATURE

DATE