HBPA of Ontario

Administrative Office
135 Queens Plate Drive, Suite 520, Toronto, Ontario M9W 6V1
Telephone: 416-747-5252 or 1-866-779-3067
Fax: 416-747-9606 / Email: general@hbpa.on.ca
Website: www.hbpa.on.ca

EDUCATIONAL ASSISTANCE FUND

EXPLANATION OF TERMS

- Association: The Horsemen's Benevolent & Protective Association (HBPA) of Ontario
- Child: natural, adopted or stepchild.
- Acceptable educational institutions: a university, a community college, a recognized "grant-eligible" program of higher education
- Alcohol and Gaming Commission of Ontario (AGCO)

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. Applications for those students seeking Educational Assistance beyond four (4) years must be approved by the Board of Directors.

ELIGIBILITY AND REQUIRED PROOF OF ELIGIBILITY

You may apply to receive assistance if they are eligible under one or more of the categories listed in Section 1 – *Children of Persons Associated with the Thoroughbred Racing Industry in Ontario.*

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.

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SECTION 1 – CHILDREN OF PERSONS ASSOCIATED WITH THE THOROUGHBRED RACING INDUSTRY IN ONTARIO

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 five (5) years of good standing in the Association.

b) A deceased Member of the Association (owner and/or trainer). The Member must have had a minimum of five (5) years of 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 five (5) years

d) A current backstretch employee who has been employed full time in the industry for a minimum of five (5) years and the child is pursuing direct studies in the equine industry.

SECTION 11 – 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 111 – OTHER ASSISTANCE

Please declare any other grants or assistance, in any form, that you (the applicant) receive towards your education.

SECTION 1V – T4A FOR TAX PURPOSES

The HBPA is required by law 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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EDUCATIONAL ASSISTANCE - APPLICATION FORM

(Please Print)

LAST NAME: ***FIRST NAME:*** ***MIDDLE NAME:***

ADDRESS: ***APARTMENT #:***

CITY: ***PROVINCE:*** ***POSTAL CODE:***

RESIDENCE PHONE #: ***CELL PHONE #:***

EMAIL ADDRESS:

SOCIAL INSURANCE #:

DATE OF BIRTH: ***STUDENT ID #:***
(DAY/MONTH/YEAR)

EDUCATIONAL INSTITUTION WHERE, IF APPROVED, THE EDUCATIONAL ASSISTANCE SHOULD BE SENT

EDUCATIONAL INSTITUTION: ***YEAR:***

COURSE: ***TUITION FEE $:***

ADDRESS: ***DEPARTMENT:***

CITY: ***PROVINCE:*** ***POSTAL CODE:***

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APPLICANTS WHO ARE CHILDREN OF PEOPLE ASSOCIATED WITH THE THOROUGHBRED RACING INDUSTRY OF ONTARIO

I AM APPLYING AS:

☐ A child of a current Member of the Association who has been a Member of the H.B.P.A. of Ontario for a minimum of five (5) years who owns a race horse competing in Ontario.

The name of the race horse owned and/or trained by my parent(s) that is currently competing: _____.

MEMBER'S NAME (PRINT): ***MEMBER'S SIGNATURE:***

☐ A child of a deceased Member (owner and/or trainer) of the Association who had a minimum of five years Membership with the H.B.P.A. of Ontario and who died while being a Member (owner and/or trainer).

***NAME OF MEMBER*:**

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

PARENT'S NAME (PRINT): ***PARENT'S SIGNATURE:***

I hereby certify and agree that:

a. All statements contained in the application are true.
b. All funds granted will be used for the purpose stated.
c. 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:***

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PROOF OF EMPLOYMENT

I certify that the following person, _____ was employed by my company on a FULL TIME basis from_____ to _____
(DAY/MONTH/YEAR) ***(DAY/MONTH/YEAR)***

_____ _____
EMPLOYER'S NAME (PLEASE PRINT) ***EMPLOYER'S SIGNATURE***

I certify that the following person, _____ was employed by my company on a FULL TIME basis from_____ to _____
(DAY/MONTH/YEAR) ***(DAY/MONTH/YEAR)***

_____ _____
EMPLOYER'S NAME (PLEASE PRINT) ***EMPLOYER'S SIGNATURE***

I certify that the following person, _____ was employed by my company on a FULL TIME basis from_____ to _____
(DAY/MONTH/YEAR) ***(DAY/MONTH/YEAR)***

_____ _____
EMPLOYER'S NAME (PLEASE PRINT) ***EMPLOYER'S SIGNATURE***

I certify that the following person, _____ was employed by my company on a FULL TIME basis from_____ to _____
(DAY/MONTH/YEAR) ***(DAY/MONTH/YEAR)***

_____ _____
EMPLOYER'S NAME (PLEASE PRINT) ***EMPLOYER'S SIGNATURE***

I certify that the following person, _____ was employed by my company on a FULL TIME basis from_____ to _____
(DAY/MONTH/YEAR) ***(DAY/MONTH/YEAR)***

_____ _____
EMPLOYER'S NAME (PLEASE PRINT) ***EMPLOYER'S SIGNATURE***

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EDUCATIONAL ASSISTANCE - APPLICATION CHECK LIST

☐ I have completely filled the Educational Assistance Application form.

☐ I have attached proof of acceptance and tuition to my application.

☐ I have attached a copy of my government issued identification as proof of age

As a child of a current or deceased Member of the Association

☐ I have attached a copy of my parent(s) current and/or past AGCO licenses and a letter from the AGCO with proof of the number of years of Membership with the Association.

As a child of a backstretch employee who has been employed full time by a Member of the Association for the past five (5) years

☐ I have attached a copy of the current license of my parent(s).

☐ The *'Proof of Employment'* section of the application– including dates of employment and trainer(s) signature is required.