

AMHA Amateur Clinic Criteria and Funding Form

Any Local AMHA approved club may apply for assistance with preparing and funding an educational clinic. Officers of the Local club must be current AMHA member.

The Amateur Fund will fund Four (4) - \$500.00 clinics to help cover the costs of the clinicians, facilities and any other approved expenses. The following criteria must be met in order to receive financial assistance from The Amateur Fund:

1. Clinics will be subsidized by The Amateur Fund. Applications must be sent in by March 31, of current year to qualify for a clinic of current year.
2. *Clinics will be free of charge to any one with a current **AMHA Amateur card**.* These clinics are meant to be a benefit to being an AMHA amateur member. Clubs can allow any other AMHA members to attend as well as general public and charge them as they see fit. Amateur's may be charged for meals or additional expenses.
3. The Amateur committee will give you as much or little assistance as you require. The Amateur committee can help you select a clinician and help make any arrangements necessary to guarantee that your clinic is a success.
4. Once a clinic is complete, clubs will fill out and return a clinic questionnaire to the AMHA office so that the Amateur Committee can learn how to better assist our local clubs with this process. We also require any photos your club can send from the clinics to use for advertising. **You must provide proof of actual expenses - i.e. receipts.**

Here are the steps to get funding:

SUBMIT this application to the AMHA **by Email**, attention Amateur Co- Chair Deb Rogers.
Britdeb2014@yahoo.com subject: **Amateur Grant**

You must include the dates, and clinician you plan on hiring. **FUNDS will not be paid out without receipts.** *This means you will be reimbursed following the actual event but you will hear if your club has been approved or not prior to your Clubs Clinic.*

Club Name: _____ Member # _____

Club Contact Person: _____

Contact Phone#: _____ Email: _____

Club Address: _____ State/province: _____

ZIP: _____ City: _____ Country: _____

Topics to be covered _____

Clinician Name: _____ Clinic Date: _____

Facility Location: _____