

**CHARLES TOWN HORSEMEN'S ASSISTANCE FUND, INC.**

**REQUEST FOR ASSISTANCE**

**BACK TO SCHOOL BACKPACK PROGRAM**

**DEADLINE: 8/10/20**

**BOOKBAG PICKUP: 8/28/20**

**Eligibility**

- a. Be the child of someone that is licensed by the WV Racing Commission for a minimum of sixty (60) continuance days as an Assistant Trainer, Blacksmith, Exercise Rider, Groom, Hot Walker, Pony Rider, Trainer, Owner/Trainer. This is not available for grandchildren, nieces, nephews, etc... unless they live with or are a dependent of an eligible backside worker. If you are an **OWNER ONLY**, you are **NOT** Eligible; and
- b. Be in good standing with the WV Racing Commission for a minimum of sixty (60) continuance days; and
- c. Work or be employed at the Charles Town Races complex; and
- d. Have a financial need.
- e. You can pick up an application in the track kitchen

The applications can be dropped off at the HBPA office Wednesday to Saturday from 8 am to 12 pm or emailed to [info@cthbpa.com](mailto:info@cthbpa.com). Please maintain social distancing when leaving the application.

**A COPY OF YOUR PICTURE BADGE MUST BE ATTACHED**

Date \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS: \_\_\_\_\_  
STREET

\_\_\_\_\_ CITY STATE ZIP

PHONE #: \_\_\_\_\_

LICENSED AS: \_\_\_\_\_ YEARS IN WV: \_\_\_\_\_

CURRENT EMPLOYER: \_\_\_\_\_

Child's name: \_\_\_\_\_ Male or Female Elementary: \_\_\_\_; Middle: \_\_\_\_; High \_\_\_\_ (ck one)

Child's name: \_\_\_\_\_ Male or Female Elementary: \_\_\_\_; Middle: \_\_\_\_; High \_\_\_\_ (ck one)

I acknowledge that I have read and understand the attached *Eligibility Requirements above* and that my application complies with them. I attest that all the information provided by me in this application is true and correct.

\_\_\_\_\_  
Applicant's signature Date

Bookbag given: \_\_\_\_\_ Elementary: \_\_\_\_; Middle: \_\_\_\_; High \_\_\_\_ (ck one)