



Siberian Husky Club of America Trust

Health Rescue Education

Rescue: Grant Application Form

The completion of this application does not guarantee that you and/or your organization will receive any grant money. The Trust has the right to deny or approve all grants on an individual and yearly basis. Receiving grant money in one year does not mean that you and/or your group will be funded in subsequent years. After reviewing this request, if the Trust feels that they need additional information, you will be contacted. The additional information must be provided before any grants are considered.

Name of Entity _____

Contact Name _____

Address _____

Please advise if check is to be sent to an alternate address.

Telephone _____ E-mail _____ Tax ID _____

Type of Request

For Spays/ Neuters performed after 01/01/24, the per-dog rate is increased to \$100

Spay/Neuter Grant Amount \$ _____

- Request for up to 10 spay/neuters at \$50 each per year. Special circumstances up to \$125 per incident (include explanation).
- Attach invoice from vet/shelter/clinic for each request
- Include a photo and brief description of each dog in application, preferably a JPEG attachment.

Emergency Medical Grant Amount \$ _____

- Request for up to 50% of final bill or a maximum of \$500
- Attach itemized statement or quote on veterinarian's letterhead including prognosis.
- Include a photo and brief description of each dog in application, preferably a JPEG attachment.

Humanitarian Grant/Special Medical Grant Amount \$ _____

- Please see Rescue web page for specific criteria.

Other Amount \$ _____

- Attach written request and all pertinent information.

Name, Position, and Signature of Applicant _____ Date _____

Return all completed forms to the address on SHCA Trust Website Rescue page.