



Letter of Support Request for Grant Funding Application

Please complete this form and return to:
Pony Club Queensland E: admin@ponyclubqld.com.au

Contact Details

Zone/Club:	
Postal Address:	
Contact Name:	
Position Held:	
Contact Number:	
Email Address:	

Grant Information

Name of Grant:		
Reason for Funding:		
Grant Closing Date:		Letter Required by:

Additional Comments

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Signature: _____ Dated: ____ / ____ / ____

PCQ Office Use Only

Actioned by:		Date Letter Sent:	
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