

New England HBPA Benevolence Trainer's Form 2025

Must have a minimum of 250 Starts in New England to be considered

Please Print:

Date: / /

1. Name of Trainer: _____

a. Social Security # _____

b. Date of Birth ____/____/____

Phone # you can be reached at _____

Email you can be reached at _____

2. Address: _____

3. How many years have you Trained in New England? _____

Not including fairs

4. How many starts have you had in New England? _____

Not including fairs

5. How many horses do you train today? _____

a. List the horse(s) and when they last raced (use other side if needed)

i. Horse

Last Raced

6. Do you have medical coverage? _____

7. Please add comments as to why you need benevolence and INCLUDE COPIES of current bills.

Benevolence is for Financial Hardships, Medical Bills, Utilities, Past Due Bills, Evictions

Print Name: _____

Sign Name: _____

Your application will now be reviewed by a committee for approval and your identity will not be shared and only what is being asked for and your comments

Send To; NEHBPA PO BOX 550247 North Waltham MA 02455

Review and approval by committee: