

WDCTA Educational Scholarship Application Form

Application Date: *<Click here to enter date.>*

Applicant

Name: *<Click here to enter text>* # Years WDCTA Member: *<Enter text>*

Address: *<Enter Address Information>* City/State/Zip: *<Enter information>*

Phone: *<Enter the best phone number to reach you.>*

Email: *<Enter the best email address to reach you.>*

Applicant Status (only check one):

- Adult Amatuer
- Jr/Young Rider
- Professional

Scholarship Activity

Name of Clinic/Forum/Activity: *<Click here to enter text>*

Sponsored by WDCTA USEA USDF USET USEF Other:

Date of Clinic/Forum/Activity: *<Click here to enter text>*

Location of Clinic/Forum/Activity: *<Click here to enter text>*

Instructor(s) of Clinic/Forum/Activity: *<Click here to enter text>*

Description of Clinic/Forum/Activity: *<Click here to enter text>*

Personal goals for attending Clinic/Forum/Activity: *<Click here to enter text>*

Riding Experience: *<Click here to enter text>*

Contributions to WDCTA (past/present): *<Click here to enter text>*

Scholarship Amount Requested: \$ *<Click here to enter text>*

For Committee Use:

Approved \$ _____ Denied: Reason for denial: _____

Meeting Date: _____