

**WDCTA Educational Scholarship
Application Form**

Application Date: _____

Applicant

Name: _____ # Years WDCTA Member: _____

Address: _____ City/State/Zip: _____

Phone: _____

Email: _____

Applicant Status (only check one):

- Adult Amateur
- Jr/Young Rider
- Professional

Scholarship Activity

Name of Clinic/Forum/Activity: _____

Sponsored by WDCTA USEA USDF USET USEF Other: _____

Date of Clinic/Forum/Activity: _____

Location of Clinic/Forum/Activity: _____

Instructor(s) of Clinic/Forum/Activity: _____

Description of Clinic/Forum/Activity: *(Either fill out below, or please attach your response on a separate sheet)*

Personal goals for attending Clinic/Forum/Activity: *(Either fill out below, or please attach your response on a separate sheet.)*

Riding Experience: *(Either fill out below, or please attach your response on a separate sheet.)*

Contributions to WDCTA (past/present): *(Either fill out below, or please attach your response on a separate sheet.)*

Scholarship Amount Requested: \$ _____

For Committee Use:

Approved \$ _____ Denied: Reason for denial: _____

Meeting Date: _____