

**WDCTA-Southwest Chapter  
Educational Scholarship  
Application Form**

Application Date: \_\_\_\_\_

**Applicant**

Name \_\_\_\_\_ # Years WDCTA Member \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Scholarship Activity**

Name of Clinic/Forum/Activity: \_\_\_\_\_

Sponsored by  WDCTA  USCTA  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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Personal goals for attending Clinic/Forum/Activity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Riding Experience: \_\_\_\_\_

\_\_\_\_\_

Contributions to WDCTA-Southwest Chapter (past/present): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Scholarship Amount Requested: \$ \_\_\_\_\_

For Committee Use:

Approved \$ \_\_\_\_\_  Denied: Reason for denial: \_\_\_\_\_

Meeting Date: \_\_\_\_\_