



SCHOLARSHIP GRANT APPLICATION

Updated 1-14-10

Name: _____ WDCTA Chapter: _____

Scholarship Application for: _____ Adult Amateur Fund

Name of Parent or Guardian (if under 18) _____

Address: _____

Phone: _____ Email: _____

Horse's Name (if mounted event): _____ Owner: _____

Event, Date & Location: _____

Do you have a regular trainer (circle)? Yes No

If yes, who? _____ How long? _____

Frequency of lessons: _____

What are your riding goals? _____

What is your objective in participating in this event? _____

In what other events have you participated in the past 12 months? _____

What contributions have you made to WDCTA in the past 12 months? (include number of volunteer hours)

What future contributions do you plan to make? _____

Grant application should be submitted to **President@wdcta.org** or:

Pam Doolittle
6486 Bruenig Rd
Mazomanie WI 53560