



WDCTA State 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** **USDF** **USEA** **USEF** **USET** **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 - (past and present): _____

Scholarship Amount Requested: \$ _____

For Committee Use:

Approved \$ _____ Denied: Reason for denial: _____

Meeting Date: _____