

ESDCTA EDUCATIONAL GRANT APPLICATION

Grant monies are awarded twice a year - in April and October. Completed applications must be received by the first of those respective months.

Name: _____

Date of Birth: _____ ESDCTA Member No. _____

How long have you been a Member? _____

Address _____

Phone: _____ E-Mail: _____

1. Applicants must select a dollar amount for the Educational Grant, up to but not more than \$1,000. How much are you applying for? _____
2. The Don Perignon Memorial Grant Program is funded by ESDCTA each year. How much are you applying for? _____
3. A minimum of 20 hours of volunteer service with ESDCTA within a 2-year period is required. Volunteer hours used for year-end awards are excluded. Eight of the 20 volunteer hours must be at an ESDCTA-run or organized competition.
List your volunteer work, being specific about work and dates. A signed Volunteer Form for each listing must accompany this application.
4. List the names of the trainers/clinicians that you train with on a regular basis.
5. Please specify what activity or goal you would like to accomplish with the Educational Grant and how this will complement or expand your current training. If for a specific activity, please provide dates, location, etc.
6. Please provide a brief summary of what you hope to achieve by attending/participating in this activity.
7. Please give any additional information about yourself, your horse or your experiences and goals which you feel may be useful to the committee in evaluating your application.

Please use additional paper as necessary to complete this application and to ensure that it is legible. The completed application, volunteer forms, and any additional documentation are to be sent to:

Education Grants Chair

Debra Tomajko

276 Readington Road • Branchburg, NJ 08876

(908) 534-4901 • dtomajko@aol.com