

## ESDCTA EDUCATION GRANTS APPLICATION

|                      |  |                    |  |
|----------------------|--|--------------------|--|
| Name:                |  | Phone:             |  |
| Address:             |  | Email:             |  |
| Birthdate for Youth: |  | ESDCTA/<br>USDF #: |  |

Grant You Are Applying For:

|  |                             |                                |  |
|--|-----------------------------|--------------------------------|--|
|  | Education Grant             | \$250 max (with exceptions)    |  |
|  | Dom Perignon Memorial Grant | Enter dollar amount requested: |  |

Checklist of requirements:

|  |   |
|--|---|
|  | Volunteer Hours – signed forms  |
|  | List the names of trainers or clinicians you train with on a regular basis:   |
|  |   |
|  | Specify what activity or goal you would like to accomplish with the Educational Grant and how this will complement or expand your current training:               |
|  |   |
|  | For a specific activity, list clinician or activity name, date, location, etc.:   |
|  |   |
|  | Provide a brief summary of what you hope to achieve by attending or participating in this activity:   |
|  |   |
|  | 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: |
|  |   |

Submit this completed application together with copies of all documents to the Grants Committee Chair. Applications completed and submitted by the end of the month will be reviewed by the Grants Committee for completeness, and then considered at the next monthly Board meeting. Grants will be awarded based on first come, first served during the competition year, assuming all requirements are met. Funds will be distributed once the activity is complete, receipts submitted and the article for the newsletter has been submitted.

Grant Committee Chair