

Applicant Name: \_\_\_\_\_

Parent/Guardian Name (if under 18): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please Select One: \_\_\_\_\_ Adult Amateur \_\_\_\_\_ Junior \_\_\_\_\_ Professional

How long have you been a member of CDCTA? \_\_\_\_\_

What discipline(s) do you ride and/or compete? \_\_\_\_\_

What volunteer work you have done with CDCTA?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the scholarship application for? \_\_\_\_\_ Clinic \_\_\_\_\_ Workshop/Seminar \_\_\_\_\_ Other

Name and date of clinic/workshop/seminar and what is being taught; or for "other", please describe in detail the event or training program and purpose.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the cost to attend/participate? (The scholarship cannot pay for expenses such as: travel/transport, stabling, housing, etc.)  
\_\_\_\_\_

What are your short and/or long term goals? How will this CDCTA Scholarship help you achieve or work toward your stated goals?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*Two letters of recommendation must accompany your scholarship application\*\***