

North Woods Dressage Association

Individual Grant Application

NWDA Member Name _____ Telephone _____

Address _____ City _____ State _____ Email _____

Application for (name of clinic, event) _____

Location _____ Date(s) _____

Anticipated Expenses (item & amount): _____

Anticipated Revenues (source & amount): _____

Amount Requested _____ Have you received a scholarship grant from NWDA in the past? _____

If yes, please list date, amount, and purpose _____

NWDA Member for _____ years NWDA Riding Division(jr/yr, amateur, professional) _____

NWDA Experience:

Shows: participant _____ volunteer _____ Board Member _____

Clinics: participant _____ volunteer _____ Committee Member _____

Banquet/Annual Meeting: participant _____ volunteer _____

Briefly summarize your riding experience and indicate what your goals are for this special training and why this clinic or event will help you. (Use a separate sheet if necessary).

Briefly describe how you will share your experience with NWDA members. (Use a separate sheet if necessary).

For grant requests of \$150 or less: I agree to submit a written article for the Accent, to be received by the Scholarship Committee Chairperson within 60 days of the event. I understand I will receive the funds after receipt of this article.

Signed _____ Date _____

For grant requests of \$151 to \$500: I agree to complete the activity described above, with approval of the Scholarship Committee, within 6 months of the event. I understand I will receive the funds after completion of this activity.

Signed _____ Date _____

Send completed application and Accent article to: Kathy Roby, 2129 Bel Aire Ave., Duluth, MN 55803, kathy2129@gmail.com, 218-525-6398

For Board use: rec.d _____ approved _____ notified _____ article / program rec'd _____ paid _____ ck# _____