



**CAROL LAVELL GIFTED SCHOLARSHIP  
FOR ADULT AMATEURS**

**COVER SHEET**

**USDF Region:**

**Name:**

**Street address:**

**City:**

**State, Zip:**

**Phone:**

**Cell:**

**Email:**

**GMO Name:**

**USDF Member Number:**

**USEF Member Number (if applicable):**

**I understand that it is my responsibility to know the rules governing adult amateur status. By signing below, I certify that I am an adult amateur within the meaning of USEF Article GR1306 (USEF rules are available at: [www.usef.org](http://www.usef.org))**

**I have read all the information sheets and understand the requirements for training with my chosen clinician. My training will commence after January 1, 2011, for an extended time of at least five days, with a horse I own.**

**I understand if I am awarded a \$1,000 scholarship from The Gifted Fund for Adult Amateurs, I will write an article about my training for The Dressage Foundation to use on the Foundation website, and for use in other publications. I will present how this scholarship helped me improve my Dressage riding. I will also arrange to give a verbal report to my GMO as soon as possible after my training is complete.**

**I understand that I will receive an initial \$750 of the grant after details of my training are confirmed, and one month before my training; the balance in the amount of \$250 will be sent to me when The Dressage Foundation receives my training report.**

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**Signature**

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**Date**

## 2010 Gifted Scholarship Application for Training In 2011

Check off each item as you complete it. Do not skip any item!  
INCLUDE THESE SHEETS WITH YOUR APPLICATION, AS THE FINAL ITEM.

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1. \_\_\_ Complete the cover sheet supplied. **This form is a fill-in document that can be typed into, using Adobe Reader (which can be downloaded from our website, [www.dressagefoundation.org](http://www.dressagefoundation.org)).** If you are unable to type the cover sheet, please PRINT LEGIBLY. The cover sheet will be page 1 of your application material when you make copies, collate and staple into a set. Do not substitute with your own cover sheet.
2. \_\_\_ As far as you are able, please present a training plan with definite goals you wish to achieve during this time. What are your expectations working with your trainer? What will be different in your training plans from what you normally do in your regular training?
3. \_\_\_ a. Please name the trainer/clinician you plan to work with, along with their contact information. Provide a short bio, credentials, and the trainer's website (if applicable). Give the anticipated date or season, if known, for your training.  
\_\_\_ b. Include a letter from the trainer who will work with you, to verify that you are accepted for training and the training fee.
4. \_\_\_ List anticipated expenses as line items with dollar amount for each. Total the amount of both direct and indirect expenses. DIRECT EXPENSE: (i.e. expense of training, trailering, horse board, motel, food, etc.), INDIRECT: (i.e. expense of babysitter, other family concerns, income lost by not working, etc.). Please feel free to add any of your anticipated expense items that we have not asked for.
5. \_\_\_ We do not anticipate that the Gifted Grant will cover all training plan expenses. Please indicate to the committee how you will handle the balance of these expenses.
6. \_\_\_ Provide a brief summary of your Dressage experience. List names of horses ridden, level/s ridden, awards received, educational activities (clinics, symposiums, USDF University sessions), include dates and names of presenters, and whether you were mounted or an auditor.
7. \_\_\_ We expect you have a volunteer dressage activity for your GMO and/or region. Please describe your volunteer history for at least 3-5 years, starting with your present activity. GMO volunteer work in your Region of residence is preferred. If your volunteer activity is outside of your Region, please explain.  
\_\_\_ Provide a written history of volunteer hours and descriptions from your GMO's Volunteer Coordinator for the last 3 years. If your GMO does not have a Volunteer Coordinator, provide statement from an officer or coordinator for the event(s).

8. \_\_\_ We need a reference letter from TWO sources – trainers, instructors or dressage contacts who will vouch for your riding skills, your desire to improve, and your volunteer activity. It is recommended that the reference writer send these comments on their letterhead, if available.

9. \_\_\_ Please sign the commitment statement located at the bottom of your cover sheet.

These sheets are part of your application. Please include these sheets after the other information.

DO NOT NEGLECT TO MAKE 7 COPIES OF ALL APPLICATION PAGES AND STAPLE IN SETS.

2010

**Mail to:**  
**The Dressage Foundation**  
**1314 'O' Street**  
**Suite 305**  
**Lincoln, NE 68508**