

**The Dressage Foundation Carol Lavell Gifted Scholarship
For Adult Amateurs**

USDF Region:

Name:

Street address:

City:

State

Zip

Phone: ()

Fax: ()

Email:

I have read all the information sheets and understand the requirements for training with my chosen clinician. My training will commence after January 1, 2010, for an extended time of at least five days, with a horse I own.

I understand if I am awarded a \$900 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 meeting as soon as possible after my training is complete. I will include a brief training plan in the Foundation report, and for my verbal presentation at my GMO meeting.

I understand that I will receive an initial \$700 of the grant after details of my training are confirmed, and one month before my training; the balance in the amount of \$200 will be sent to me when The Dressage Foundation receives my training experience article.

Signed:

Date:

**PLEASE PLACE YOUR GENERAL MEMBERSHIP ORGANIZATION (GMO)
CARD BELOW.**

If your GMO does not issue a membership card, please name your GMO, and print your assigned membership number.

**PLEASE PLACE YOUR USEF ADULT AMATEUR CARD BELOW, OR SIGN
THE WAIVER BELOW.**

**IT IS YOUR RESPONSIBILITY TO KNOW THE RULES
GOVERNING ADULT AMATEUR STATUS, Article 808. USEF
RULES ARE AVAILABLE AT: www.usef.org.**

I hereby certify that I am an adult amateur within the meaning of
USEF (previous USA Equestrian) article 808.

Name _____

Date _____

2009 Gifted Scholarship Application Training For 2010

**Check off each item as you complete it. Do not skip any item!
INCLUDE THIS SHEET WITH YOUR APPLICATION.**

1. ___ Complete the cover sheet supplied. This 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. ___ Attach a copy of your GMO and USEF membership card to each application. Use the blank sheet included for your card/s. The USEF card verifies that you are an adult amateur. If you do not belong to USEF, please sign the waiver that is included on the bottom of the page along with your GMO card copy. This will be page 2 of your application.

3. ___ As far as you are able, please present a training plan with definite areas 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.

4. ___ a. Please name the trainer/clinician you plan to work with, along with their contact information. 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 that the training fee expected will be \$____.

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 session), 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 give your volunteer history for at least 3-5 years, starting with your present activity.

8. ___ List anticipated expenses as line items with dollar amount for each. Total the amount of both direct/indirect expenses. DIRECT EXPENSE: (i/e/ expense of training, trailing, horse board, motel, food), INDIRECT: (I.E.EXPENSE OF BABY SITTER, OTHER FAMILY CONCERNS, INCOME LOST BY NOT WORKING). Please feel free to add any of your anticipated expense items that we have not asked for.

9. ___ 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.

10. ___ Please sign the commitment statement located at the bottom of your cover sheet.

This sheet is part of your application. Please include this sheet with the other information.

DO NOT NEGLECT TO MAKE 6 COPIES OF ALL APPLICATION PAGES AND STAPLE IN SETS.

2009