

SVDA SCHOLARSHIP APPLICATION

NAME:

ADDRESS:

PHONE NUMBER: (_____) _____ E-MAIL ADDRESS: _____

When did you join SVDA? _____

Describe all volunteer services performed for SVDA in the past two years. Give dates and number of hours worked. The name of the show, jobs performed and so on. **BE SPECIFIC.** Be sure to include: schooling shows, recognized shows and dollar (\$\$) amounts raised for SVDA fundraising activities. (Attach additional sheets as necessary)

Describe in detail your plans for using the educational grant for dressage riding improvement. **BE SPECIFIC.** Include names, dates and locations. Please state your objective, instructor and/or organization with whom you will be working. (Attach additional sheets as necessary)

I agree to submit a detailed account of my educational experience sponsored by SVDA. This report is to be submitted as an article to the editor of Half Halt within 30 (thirty) days after the instruction is complete.

Signed: _____ Date: _____

SEND APPLICATION TO:

Sandy Johnson

P.O. Box 3024

Suffolk, VA 23439

757-582-2939

DEADLINE FOR APPLICATION SUBMISSION IS APRIL 1, 2010