

Iowa Dressage and Combined Training Association

Application for Betsy Coester Grant 2024

Member's Name: _____

Member Email: _____

Member phone number: _____

Description of educational clinic or opportunity:

What is the Cost of the Clinic or activity? _____

Did you meet your volunteer hours requirement in 2023? _____

What do you hope to learn or achieve by participating in this event or activity?

If you are approved for a grant, do you agree to send a photo for the IaDCTA website/Collection, and to agree to fill out a short email questionnaire about your experience? _____

Member signature: _____

Parent or Guardian signature if under age 18: _____