## **APPLICATION FOR FUNDS**

## State of Jefferson Chapter of the Oregon Dressage Society Youth Outreach Program

## **APPLICANT REQUIREMENTS:**

- Applicant must be under 21 years of age
- Applicant must be a member of the State of Jefferson Chapter of the Oregon Dressage Society
- Application must be submitted at least 6 weeks prior to event
- Attach a copy of event brochure/flyer and COMPLETED registration/entry for event
- Application and accompanying documents must be mailed to current SJD Secretary
- Funding awards will be made directly to event management. Recipient is responsible for providing correct contact information
- Follow up sharing of educational experience in the form of a web post on SJD Chapter website must be made within 30 days of event to SJD Secretary

| NAME:                                    |                   |                           |  |  |  |  |  |
|--|-------------------|---------------------------|--|--|--|--|--|
| ADDRESS:                                 |                   | PHONE:                    |  |  |  |  |  |
| AGE:                                     | BIRTHDATE:        |                           |  |  |  |  |  |
| OREGON DRESSAGE SOCIETY MEMBERSHIP #:    |                   |                           |  |  |  |  |  |
| ARE YOU CURRENTLY RIDING WITH A TRAINER? |                   |                           |  |  |  |  |  |
| TRAINER'S NAME:                          |                   | PHONE:                    |  |  |  |  |  |
| YEARS OF RIDING EXPERIEN                 | CE: Y             | YEARS OF RIDING DRESSAGE: |  |  |  |  |  |
| EVENT FUNDS ARE REQUEST                  | ED FOR:           |                           |  |  |  |  |  |
| FULL COST OF PARTICIPATION               | ON (travel, lodgi | ng, stall fee):           |  |  |  |  |  |

| AMOUNT REQUESTED:  |
|--|
| Personal riding goals:   |
| Why would you like to learn more about dressage?   |
| Why would you like to participate in this event and what do you hope to learn or work on?  |
| VOLUNTEER HOURS (list number of hours and where/what you did)  |
| COMMUNITY REFERENCE (teacher, place of work or voluntary community service; include name, address, phone or attach letter of reference): |
| PARENT/GUARDIAN SIGNATURE  |

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**PHONE:**