



# Oklahoma Dressage Society Education Scholarship Fund Application Form

Please review the ODS Education Scholarship information before filling out this application form. **Be as specific as you can.**

Date of Application: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone (Cell): \_\_\_\_\_

Email: \_\_\_\_\_

Are you an ODS Member in good standing?  Yes  No      Status:  Junior  Amateur  Open

Do you compete in dressage  Schooling Shows  
 Recognized Shows       Locally  Regionally  Nationally

Who is your current riding instructor? \_\_\_\_\_

Name and date of anticipated educational event or training you would like to attend:

\_\_\_\_\_

Tell us about the instructor and / or educational event you would like to attend.  
**(Please attached any printed material / flyer and completed application to event).**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you intend to benefit from attending this educational event? What are your goals for attending this event?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would this scholarship allow you to do what you would be unable to do otherwise:  Yes  No

Describe and list the ODS volunteer work you have done in the past? Start with the most current.

2017 \_\_\_\_\_ Capacity \_\_\_\_\_

2016 \_\_\_\_\_ Capacity \_\_\_\_\_

2015 \_\_\_\_\_ Capacity \_\_\_\_\_

Other \_\_\_\_\_ Capacity \_\_\_\_\_

List the ODS educational events and meetings you have attended in the past years and at what capacity:

2017 \_\_\_\_\_ Capacity \_\_\_\_\_

2016 \_\_\_\_\_ Capacity \_\_\_\_\_

2015 \_\_\_\_\_ Capacity \_\_\_\_\_

Tell us why you should be selected for this scholarship:

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Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Please send all applications to: *Robin Grain-Walkup – Scholarship Committee Chair*  
*2836 NW 13<sup>th</sup> St. Oklahoma City, OK 3107*

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| <p><i>Committee Notes:</i></p> <p><i>Date Received:</i> _____</p> |
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