



THE ST. LOUIS AREA DRESSAGE SOCIETY  
DRESSAGE SCHOLARSHIP  
FOR ADULT AMATEUR RIDERS

Name:

Street Address:

State, Zip:

Phone:

Cell Phone:

E-mail:

I understand that it is my responsibility to know the rules regarding adult amateur rider status. By signing below, I certify that I am an adult amateur rider and a member of the St. Louis Area Dressage Society (SLADS) in good standing as of 30 June of the applying year.

I understand that if I am awarded the \$500 scholarship from SLADS, I will write an article for SLADS to be used on the website and for use in other publications. I will present how this scholarship has assisted me and/or my horse.

I understand that I will receive an initial \$250 of the grant after details of my expenses are confirmed; the balance in the amount of \$250 will be sent to me when SLADS receives my article.

I have read all the information and understand the requirements.

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

Date

St. Louis Area Dressage Society  
Adult Amateur Riders Scholarship Application

Check off each item as you complete it. No application will be considered without the inclusion of all below items. This is a needs-based scholarship.

**PROVIDE 3 COPIES OF ALL NEEDED DOCUMENTATION**

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1. \_\_\_\_ Completed cover sheet.
2. \_\_\_\_ Provide a plan that outlines the definite goals you wish to achieve with this scholarship. What are your expectations working with your trainer/ clinician?
3. \_\_\_\_ Include a letter from your trainer who will work with you, to verify that together you have established a training plan that includes lessons, clinics/symposiums, and horse shows.
4. \_\_\_\_ Provide a brief summary of your equestrian experience. List level(s) ridden, awards received, educational activities (clinics, symposiums, etc.).
5. \_\_\_\_ Describe your volunteer history with SLADS. We expect you to have fulfilled the eight hour volunteer requirement prior to applying for the scholarship. Include number of hours you have volunteered for SLADS.
6. \_\_\_\_ Two (2) reference letters from separate sources. One from your trainer, instructor or dressage contact who will vouch for your work ethic and your volunteer activity. The second reference letter should be from your work supervisor vouching for your work ethic.
7. \_\_\_\_ A statement of financial need. This is a statement informing SLADS as to how the scholarship will benefit and enable you to continue with your dressage training and education.
8. \_\_\_\_ Sign the commitment statement located at the bottom of your cover sheet.

These sheets are part of your application. Please include **ALL** of these sheets after the other information.

**ALL OF THE ABOVE INFORMATION IS NEEDED IN ORDER TO BE  
CONSIDERED A CANDIDATE FOR THIS SCHOLARSHIP!**

DO NOT NEGLECT TO MAKE **3** COPIES OF ALL APPLICATION PAGES AND STAPLE IN SETS.

MAIL TO: Charli Stevens  
PO Box 304  
Foristell MO 63348