

FCDA Scholarship Application

Name _____ Member # _____ Phone _____

Address _____ Email address _____

1) How long have you been a member of FCDA? _____

2) What is your intended use of the scholarship money? _____

3) Why do you feel the FCDA Scholarship should be awarded to you? _____

4) Briefly describe your riding background, level at which you are currently competing, and short term goals.

5) Please provide a brief summary of what you hope to achieve by attending/participating in this activity. _____

6) Please submit your volunteer history starting with your present activity.

7) Attach a copy of the clinic entry form/flyer.

Use the back if additional space is needed. Completed applications are to be sent to: