



Central Vermont Dressage Association Grant Application

CVDA Member name: _____ Date of application: _____

Applicants under 18 years of age must have an adult sponsor. Please provide sponsor information if applicable:

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Amount of grant request (\$2,500 maximum): _____ Years of CVDA membership: _____

CVDA volunteer history: _____

Other scholarships/grants applied for: _____

Other scholarships/grants received: _____

Summary of your dressage experience and/or event management experience: _____

Awards and recognition received: _____

NOTE: All applicants must read and sign below.

By accepting this grant I agree to the terms outlined in the CVDA Grant Program description. I understand that, if chosen, I will receive the full grant amount *after I attend or organize the educational event*. In addition, I understand that I will receive the grant funds *after providing a written account to the CVDA board, to be received within 30 days of completion of the educational program or event*.

Signature: _____

Questions? Contact Terri Satterlee, (802) 228-2103 or tfglover@tds.net

Submit completed applications to: Terri Satterlee, P.O. Box 286, Ludlow, VT 05149

- Are you applying for a grant to **SUPPORT** an educational event? **Please complete page 2.**
- Are you applying for a grant to **ATTEND** an educational event? **Please complete page 3.**

IMPORTANT: Application must be received by CVDA no later than 30 days prior to the event.

Application for a Grant to SUPPORT an Educational Event

Benefit of your proposed program to CVDA membership at large: _____

Describe the educational or instructional event to be conducted (be specific): _____

Date(s) of the event: _____

Name of event manager: _____

Name and qualifications of the instructor(s) or clinician(s): _____

Location of event: _____

Describe the facilities available at this location: _____

How will this educational event help the participants? What is the need for this program? _____

How many people will participate in this event? _____ Riders _____ Auditors _____ Classroom students

How will participants be selected for this event? What levels of riders will be participating? Who is the desired audience?

What is the cost per participant? CVDA members _____ Non-members _____

What is the plan for including auditors? _____

Other information regarding this event that you believe will be helpful for the CVDA Board of Directors in the selection and grant process: _____

Provide a complete budget for the event/program, including all estimated expenses and income, and attach.

Please complete this section, attach budget, and forward pages 1 and 2 to

Terri Satterlee, P.O. Box 286, Ludlow, VT 05149

What educational event are you requesting grant assistance to attend? _____

Application for a Grant to ATTEND an Educational Event

Instructor(s): _____

Date(s) of program: _____ Location of program: _____

Goal of program: _____

Provide a detailed budget of the costs involved with attending this event/program (attach program documentation if available). Please use a separate sheet of paper.

Briefly summarize your experience: _____

What is your primary purpose in attending this program? _____

Which skills do you hope to gain or improve? _____

Are you currently a dressage instructor? _____ If yes, how long have you been teaching? _____

If yes, what is the average skill level of your students? _____

If you are attending a certification or licensing program, do you plan to test? _____ If yes, when? _____

Other information regarding your goal to attend this program that will be helpful for the CVDA Board of Directors in the selection process: _____

Please complete this section, and include two or more letters of recommendation from those who can attest to your riding, teaching and/or training abilities.

Attach budget, and forward pages 1 and 3 to Terri Satterlee, P.O. Box 286, Ludlow,VT 05149