

Hillside Equestrian Center's Continuing Education Grant Application

in memory of Rocco Colangelo

The Hillside Equestrian Center's Continuing Education Grant was established "To provide funding support for Dressage riders who are working to sharpen their skills." A Grant of \$150 will be offered to one (1) individual. Should the grant not be awarded the money will remain at Hillside Equestrian Center.

The objective of the Grant is to enable the dressage rider and their horse(s) to set aside time to do some concentrated work with a trainer or to participate in a USDF/USEF recognized show.

We are looking for thinking riders, with strong volunteer backgrounds, who want to work on their riding in a situation that is normally unavailable to them because of other obligations. It is a requirement that recipients of the Hillside Equestrian Center's Grant, write an article for the LVDA newsletter for use on/in LVDA's website, newsletter and/or other LVDA publications. Please see other requirements below.

All applications will go through an approval process with the Grant's Selection Committee. The Hillside Equestrian Grant can be received by the same individual no more than once every three years.

Apply to: Hillside Equestrian Center, 5976 Dogwood Dr., New Tripoli, PA 18066 • 610.298.8048

Name: _____

Street address: _____

State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

I have read the information sheet and understand the requirements for the Hillside Equestrian Center's Continuing Education Grant. My training will commence _____ and will be complete by _____.

I understand if I am awarded a \$150 grant from the Hillside Equestrian Center's Continuing Education Grant, I will write an article about my grant use for the LVDA newsletter for use on/in LVDA's website, newsletter and/or other LVDA publications.

Signed: _____ Date: _____

ADDITIONAL GRANT REQUIREMENTS

PLEASE ATTACH A COPY OF YOUR LVDA CARD. YOU MUST BE A CURRENT LVDA MEMBER IN GOOD STANDING TO APPLY.

CHECK OFF EACH ITEM AS YOU COMPLETE IT. DO NOT SKIP ANY ITEM.

1. ____ As far as you are able, please present a training plan with definite goals you wish to achieve during this time. What are your expectations while working with your trainer? What will be different in your training plans from what you normally do in your regular training.
2. ____ Please name the trainer/clinician you plan to work with, along with their contact information. Give the anticipated date, or season, if known, for your training.
3. ____ We do not anticipate that the Hillside Grant will cover all training plan expenses. Please indicate to the committee how you will handle the balance of these expenses.
4. ____ Provide a brief summary of your Dressage experience. List names of horses ridden, level/s ridden, awards received, educational activities (clinics, symposiums, USDF University session), include dates and names of presenters, and whether you were mounted or an auditor.
5. ____ If you have a volunteer history, please submit your history, starting with your present activity.