



WISCONSIN  
Dressage & Eventing  
ASSOCIATION

**WDEA State Educational Scholarship Application Form**

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

**Applicant**

Name \_\_\_\_\_ # Years WDEA Member \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

**Scholarship Activity**

Name of Clinic/Forum/Activity: \_\_\_\_\_

**Sponsored by (circle): WDEA USDF USEA USEF USET OTHER:** \_\_\_\_\_

Date of Clinic/Forum/Activity: \_\_\_\_\_

Location of Clinic/Forum/Activity: \_\_\_\_\_

Instructor(s) of Clinic/Forum/Activity: \_\_\_\_\_

Description of Clinic/Forum/Activity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Personal goals for attending Clinic/Forum/Activity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Riding Experience: \_\_\_\_\_

\_\_\_\_\_

Contributions to WDEA - (past and present): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Scholarship Amount Requested: \$ \_\_\_\_\_

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*For Committee Use:*

Approved \$ \_\_\_\_\_  Denied: Reason for denial: \_\_\_\_\_

Meeting Date: \_\_\_\_\_