

**Youth Scholarship Application**

**Name**: Click here to enter text.

**Address**: Click here to enter text.

**City**: Click here to enter text. **State**: Click here to enter text. **Zip** **Code**: Click here to enter text.

**Phone**: Click here to enter text. **Email**: Click here to enter text.

**Date of Birth:** Click here to enter text.

***Please answer the following questions:***

1. How long have you been a member of the Ohio Dressage Society?

Click here to enter text.

1. What ODS activities (clinics, meetings, educational sessions) did you attend in 2017 and what are 3 things you have learned at these activities?

Click here to enter text.

1. In what ways have you contributed back to the Ohio Dressage Society?

(Examples: Volunteering at shows, helping other members, promoting the club, asking friends to join, etc.)

Click here to enter text.

1. Why do you feel the ODS Youth scholarship should be awarded to you?

Click here to enter text.

1. How would you like to use the money that you are awarded? (Example: Pay for clinic, use for musical freestyle choreography, use toward entry at certain shows this year)

Tell us how this will improve your dressage education. Please provide links/information about this activity (these may be attached to the application or a website link provided)

Click here to enter text.

1. If you have received the scholarship in the past, please explain how you used the funds and what you learned from these experiences.

Click here to enter text.

**Attach at least two letters of recommendation. Up to four letters will be accepted.**

**DEADLINE FOR SUBMISSION IS FEBRUARY 15, 2018**