



ODS SCHOLARSHIP APPLICATION

Minimum requirement – must be a member of ODS for at least one year
Members may apply once a year – up to 50% of the fees required may be requested up to \$1000
All Applicants to include a minimum of 2 letters of recommendation

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Circle the appropriate member type: JR/YG rider Adult Amateur Open

Please answer the following questions:

1. How long have you been a member of the Ohio Dressage Society?
2. Please provide details regarding your current experience level and goals.
3. What ODS activities (clinics, meetings, educational sessions, etc.) did you attend in the past?
4. In what ways have you contributed back to the Ohio Dressage Society?
(Examples: Volunteering at shows or assisting at clinics or educational events)

