

2010 GDCTA GRANT APPLICATION CHECKLIST

INCLUDE THIS SHEET WITH YOUR APPLICATION.

1. ____ (initial) Complete the cover sheet supplied. This will be page 1 of your Application.
2. ____ (Initial) Please sign the commitment statement located at the bottom of your cover sheet.
3. ____ (Initial) Please provide a short video, DVD, or youtube.com of your riding. There is no minimum riding "level" to qualify for the Grant, however, you must be able to ride a basic walk-trot-canter.
YouTube URL: _____

Please provide the following documents:

4. ____ (Initial) Please present a training plan that defines the areas upon which you wish to improve. What are your expectations working with your trainer? What will be different in your training plans from what you normally do in your regular training?
5. ____ (Initial) a. Please name the trainer/clinician you plan to work with, along with their contact information. Give the anticipated date, or season, for your training.
____ (Initial) b. Include a letter from the trainer who will work with you, to verify that you are accepted for training, and that the training fee will be:
(expected training fee) \$_____. ____
6. ____ (Initial) We do not anticipate that the GDCTA Grant will cover all training plan expenses. In no circumstance will this grant exceed \$500. Please indicate to the committee how you will handle the balance of these expenses.
7. ____ (Initial) Provide a brief summary of your riding 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.
8. ____ (Initial) Please give your volunteer history for at least 3-5 years, starting with your present activities.
9. ____ (Initial) We need a reference letter from TWO sources – trainers, instructors or dressage contacts who will vouch for your riding skills, your desire to improve, and your volunteer activity. It is recommended that the reference writer send these comments on their letterhead, if available. Please send directly to Grant Committee Chairperson.

This sheet is part of your application. Please include this sheet with the other requested documentation.

GDCTA GRANT APPLICATION COVER

GDCTA Number: _____

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

Email: _____

I have read all the information sheets and understand the requirements for training with my chosen clinician. My training will commence within one year of being awarded the Grant.

I understand if I am awarded a \$500 Grant from The Georgia Dressage and Combined Training Association (GDCTA), I will write an article about my training for the newsletter and for use on the website, and for use in other publications. I will present how this grant helped me improve my riding. I will also arrange to give a verbal report at a regular GDCTA board meeting as soon as possible after my training is complete.

I understand that I will receive an initial \$375 of the grant after details of my training are confirmed, and one month before my training; the balance in the amount of \$125 will be sent to me when GDCTA newsletter editor Don Faso (donfaso@comcast.net) receives my training experience article.

Signed: _____

Date: _____