

KDCTCA Scholarship Application Form

Name _____

Address _____

Phone Number _____

Email Address _____

If applicant is 18 years or younger, _____ approves this application.
(Print Parent's Name)

Parent's Signature

KDCTA Show Volunteer Experience

Date(s) & Time(s) _____

Work assignment (describe) _____

Volunteer Coordinator's Verification (will be completed post-application) _____
Coordinator's Signature

Write An Essay

Include with your application, a brief essay describing how you want to use this scholarship, including show/clinic name, date, location and cost, and how you expect participation in the event to benefit you and your horse.

Program Presentation Agreement

I agree to present a brief program, within three months of its use, on how the scholarship received was utilized and how I and my equine partner gained from the experience.

Applicant's Signature

Do not write in this space.

Attach your essay (on how you propose to use scholarship funds if you are a recipient) to this form and mail to:

Emily Furumoto, KDCTA President
1322 Chestnut Ridge Drive
State College, PA 16803

Direct questions to Emily: ejf4@psu.edu

Recipients will be chosen by a committee of KDCTA officers.