



Adult Amateur Scholarship
Application

Name: _____ Age _____

Address: _____

Phone: _____ Email: _____

Are you an Adult Amateur as defined by USEF GR1306?

YES (sign NEWDA AA Affidavit)

NO (if No, then use professional Form)

Do you work with a trainer on a regular basis? Yes No If so Who? _____

VOLUNTEER HOURS: (Minimum of 8 hours, does not need to be a NEWDA activity)

Location: _____

Date: _____ Hours: _____

Event organizer Signature; _____

Location: _____

Date: _____ Hours: _____

Event Organizer Signature; _____

Location: _____

Date: _____ Hours: _____

Event Organizer Signature; _____

NEWDA MEETINGS ATTENDED: (Minimum of 2 Meetings)

Location: _____ Date: _____

Location: _____ Date: _____

(Meeting attendance will be confirmed with your Chapter president)

Please attach an essay describing training completed, equestrian experience, goals for the future and how the scholarship will benefit the equestrian sport and NEWDA members. Send application and essay to:

Barb Pendleton
W958 State Hwy 96
Kaukauna, Wi 54130
halfdrafthaven@yahoo.com
920-766-3986