

Sybil Dukehart Endowment Fund Individual Scholarship Application

Name _____ Date of Birth _____

Home Address _____

City _____ State _____ Zip Code _____

Phone: Day _____ Evening _____ Cell _____

E-mail Address _____

Disability _____ Profession _____

1 Are you currently a USDFD Member? YES NO

2 Are you a member of other driving or equine related clubs or organizations?

YES NO

If yes, list clubs:

3 What is your experience working with equines?

4 Are you currently participating in equine driving activities? YES NO

If yes, please list what kind of activities, equines, carriages:

5 Are you currently driving with a trainer or instructor? YES NO

If yes, who is your current trainer / instructor? What are their credentials?

If no, who will be helping you with this project?

Name _____

Address _____ Phone # _____

City _____ State _____ Zip _____

Credentials _____

2

6 Have you competed with an equine (driving or other)? YES NO
If yes, please list competitions:

7 What are your goals for driving? Why do you drive or why do you want to drive?

8 Specifically how will the funds be used? What category criteria does your project meet?

9 What amount of funding is required?

Is this the full amount?

10 Have you requested funds from other sources for this project?
Please name the other sources:

11 What other funds have you raised towards this goal?

12 How were those funds raised?

Please include two letters of reference with this application.