

For which scholarship are you applying? *(Check one)*

- Leg-Up Scholarship Beverly Swanson Adult
 Junior/Young Rider Scholarship Amateur Scholarship
 Barbara McElnea Western CO Scholarship Opening Doors Scholarship
 Percy Sledge Memorial Scholarship

Name of Applicant: _____

Address: _____

Phone (H): _____ Phone (C): _____

Email address: _____

If the applicant is a minor, please provide information on parent/guardian.

Parent/Guardian (specify) Name: _____

Phone (H): _____ Phone (C): _____

Email address: _____

Horse's registered name: _____

Horse owner (if different from rider): _____

Horse owner's address: _____

Phone (H): _____ Phone (C): _____

Email address: _____

- 1. Please carefully read the Scholarship Guidelines.** With those guidelines in mind, briefly explain why you need financial aid to support your dressage education/career:
1. Discuss your background in the sport of dressage. Include such items as how long you have been riding dressage, the level you are currently training, the training principles you follow, the frequency you receive regular lessons, the qualifications of the instructor(s) and any other information that helps to clarify your background and commitment to the discipline. Please include any non-riding involvement like show management or volunteer activities that involve dressage.
 2. What challenges do you face in riding dressage? What are your personal goals involving dressage—both short-term and long-term?
 3. How will you use the Rocky Mountain Dressage Society Scholarship? You must provide a detailed description and projected budget amounts for all intended expenditures and events. Remember that your intended activities must conform to the general scholarship guidelines and the specific requirements of the scholarship for which you are applying.
 4. Please explain and send proof of your volunteerism for RMDS or your local chapter.

(Please use a separate sheet(s) to respond to these questions)

LIABILITY RELEASE

I hereby agree to fully and expressly assume and accept any and all risks of injury or death inherent in any equine activities in which I participate as a RMDS scholarship recipient. I understand that I am responsible for death, bodily injury or property damage which I or my child or legal ward should sustain whether riding a horse or engaged in any activity described within this scholarship application, or while in transit to or from an event described herein. I am also responsible for any attendance or time that I or my child or legal ward shall lose from employment or school or other activity and for medical expenses or any other expenses incurred because of such bodily injury or property damage. I hereby, for myself, my child or legal ward, my heirs, administrators and assigns release and forever discharge the owners, operators, and sponsors of RMDS and their respective servants, agents, officers and all other participants of and from all claims, demands, actions and causes of action for such injuries sustained to my person, or that of my child or legal charge and/or property. I will defend and hold RMDS, their officers, directors, employees, agents, insurers, and volunteers harmless against any and all damages, liabilities, losses, claims, demands, causes of action, judgments, costs, penalties, and expenses, including reasonable attorneys’ fees, arising from any of my, or my child’s or legal ward’s, negligent or intentional acts or failures to act.

WARNING: Under Colorado Law, an equine professional is not liable for an injury or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 13-21-119, Colorado Revised Statutes.

I certify that the information provided to the RMDS Scholarship Committee is true and correct and that I have read and do understand the Liability Release and the Warning above.

Signature of applicant: _____ Date: _____

Printed name of applicant: _____

If applicant is a minor, then I sign as the minor’s parent(s) or legal guardian(s).

Minor’s printed name: _____

Parent/Guardian - signature: _____ Date: _____

Parent/Guardian - printed name: _____

Please note that if you are awarded an RMDS Scholarship, the first half will be issued after the January meeting and the second half will be issued after all the requirements are fulfilled. Signing this application means that understand and agree to these terms.

APPLICATION DEADLINE:

MUST BE RECEIVED by November 30, 2024

SEND TO: Karen Harkin-RMDS Scholarship Chair-2687 Lookout Lane-Grand Junction, CO 81503

Emailed applications will NOT be accepted.