

NODA Scholarship Check Request Form

Describe the event or horse-related experience on which you would like to spend your scholarship money. *Include the date(s), name of the hosting organization or stable, your role in the event, etc.*

Have you attended this event yet? *(Check one)*

Yes, I am requesting reimbursement. *(Attach proof of event payment)*

No, I would like a check sent to me and made out to the clinician or host of the event.

Clinician Name or Event Host to whom check should be addressed:

Estimated Total Expenses *(please include all costs, not just those covered by the scholarship)*

Participation Cost <i>(i.e. lesson/clinic price)</i>	\$ _____
Transportation Costs	\$ _____
Stabling Cost	\$ _____
Hotel Cost	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
TOTAL COST	\$ _____

Scholarship Check will be mailed directly to you. Please provide your mailing address below.

Signature _____ Date _____

Print Name _____ Phone _____

Mailing Address _____

Email Address _____