



# IaDCTA Betsy Coester Memorial

## - GRANT APPLICATION -

Rider's Name: \_\_\_\_\_  Junior  Senior

Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ IaDCTA member for \_\_\_\_ years.

Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_

Email: \_\_\_\_\_

Horse's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Name of Program/Clinic: \_\_\_\_\_

Date of Program/Clinic: \_\_\_\_\_ Closing Date: \_\_\_\_\_ Tuition Cost: \_\_\_\_\_

Description of Event: \_\_\_\_\_

\_\_\_\_\_

Sponsor/Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Clinician/Instructor: \_\_\_\_\_

Do you work with an instructor?  Yes -  No / Instructor's Name: \_\_\_\_\_

Are you an instructor?  Yes -  No / Primary Focus: \_\_\_\_\_

In what other clinics have you ridden? \_\_\_\_\_

List your VOLUNTEER contributions to IaDCTA: \_\_\_\_\_

\_\_\_\_\_

Write a brief summary of your horse-related experiences: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you received an IaDCTA Grant?  Yes/If yes, when? \_\_\_\_\_  No

Mail this Grant Application and a copy of your Essay to:  
**Paula Meyer • 1147 Prairieview Avenue • Van Meter, IA 50261**