

# 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.*

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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:

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

Participation Cost *(i.e. lesson/clinic price)* \$ \_\_\_\_\_

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.*

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-Mail \_\_\_\_\_