

# 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 made out to the clinician or host of the event.

Name of the clinician or host of event to whom the check should addressed.

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

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

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

**TOTAL COST** \$ \_\_\_\_\_

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**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_