

Western Dressage Clinic

Scholarship Application for 4H members

(Barb Cunningham, of the WCNYSHC is donating the \$550 Clinic registration fee so that one 4H member is able to participate in the Western Dressage Clinic.)

This clinic is designed for riders and horses of all levels of experience in Western Dressage.

Clinician:	Jeff Wilson of Jeff Wilson Cowboy Dressage
Sponsored by:	Western Chapter New York State Horse Council
Hosted by:	Heritage Ridge Equestrian Center, Corfu NY.
Dates:	Saturday September 29 2018 9:00 am – 4:30 pm Sunday September 30, 2018, 9:00 am – 4:30 pm
Location:	Heritage Ridge Equestrian Center 9694 Fargo Road Corfu, NY 14036 Connie Zimicki

Applicants must meet the following criteria:

- must be a member of a 4H club in Erie, Niagara, Wyoming, Genesee, Cattaraugus, Chautauqua, Orleans, or Alleghany County
- must be between the ages of 14 and 18 years at the time of application
- must own their own horse
- must be able to transport the horse to the clinic. Stalls are available for boarding the dates of the clinic. (\$20 per day)
- must have an experience in western riding and an interest in western dressage.

Western Dressage Clinic Application

Name of Applicant: _____

Date of Birth: _____

Address: _____

City: _____ County: _____

Phone number: _____

E-Mail: _____

Name of 4H leader: _____

Leader's Phone number _____

Breed and Age of horse you will be bringing: _____

How long have you been riding _____

(all horses brought to the clinic must have proof of negative coggins, rabies and flu shots.)

Please place an X next to each of the following that you have experience in:

English riding _____

English dressage _____

Western riding _____

Western Dressage _____

Trail riding _____

Jumping _____

Other _____

Have you ever participated in an equine related clinic: _____

If yes, what type and when: _____

Have you participated in 4H shows, and if yes, what type of shows:

Please indicate any horse related community service you have completed in the past two years:

Please attach a typed, 300 word essay that includes why you want to take this clinic, and what you hope to gain from participating in this clinic.

Parents signature _____

Date _____

Applications must be postmarked by Friday, July 13, 2018 and mailed to:

Barb Cunningham
3021 Johnson Creek Road
Middleport, NY 14105

If you have any questions, please contact:

Barb Cunningham

Email: barbcunningham11@gmail.com

Phone or text: 716-735-3529

Pat Burch

Email: pmcotter@buffalo.edu

Phone or text: 716-417-7613