



Rider Subsidy Application

Details:

- Rider must have participated in the clinic/lesson within the last 3 months and before filing an application
- Rider's clinic/lesson fee, with a clinician outside of their normal trainer, up to but not more than \$300 will be paid per application (must provide proof of payment)
- Two awards, up to but not more than \$300 will be given each quarter of the calendar year
- If there are more than two applicants per quarter, the winner will be chosen by a draw
- Rider may receive this award only one time per calendar year
- Rider subsidy does not apply to any Pomona Chapter subsidized clinic
- ***All Pomona Chapter members, that have been members for at least one year, in good standing are eligible (Open, Amateur, and Junior)***

Interested riders should do the following:

- Submit the application information in typewritten form
- Application deadline is as follows:
 - 1st quarter (January-March) must be received by April 15th
 - 2nd quarter (April-June) must be received by July 15th
 - 3rd quarter (July-September) must be received by October 15th
 - 4th quarter (October-December) must be received by January 15th

Please email your application to:
cdspomona@gmail.com

Or mail your application to:
CDS – Pomona Chapter
c/o Mylene Chow
5464 Berryhill Drive
Yorba Linda , CA 92886



Rider Subsidy Application Information

- Today's Date
- Name
- Address
- Phone
- Email
- Total cost of clinic/lesson (not including travel expenses)
- CDS member number (Must be a Pomona Chapter member in good standing)
- What level you are currently competing
- List any USDF medals you hold
- Name of clinician/trainer you rode with
- Date and location of clinic/lesson attended
- Please attach a paragraph/article describing the skills, techniques or concepts you learned during the clinic/lesson
- Please include how you will incorporate these new skills into your daily riding time
- Please include a description of all of your volunteer activities and/or other contributions to CDS Pomona Chapter during the prior year membership
- Please list any other dressage scholarships for which you have applied
- Please include a copy of the check and/or a receipt from the clinician as proof of payment