

The Sally Swift Scholarship Fund  
Application Form – Part 1  
(Please type or print clearly)



Date of Application \_\_\_\_\_

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Level (if instructor) \_\_\_\_\_

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

\_\_\_\_\_ Country \_\_\_\_\_

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

Have you previously been awarded a scholarship under the Sally Swift Scholarship Fund?

No  Yes \_\_\_\_\_ (date) Type of Scholarship Grant \_\_\_\_\_

Type of Scholarship for which you are making application:

Organizer Scholarship

Please list dates of Clinic \_\_\_\_\_ Location: \_\_\_\_\_

Type of Clinic (New Instructor or Update) \_\_\_\_\_

Clinician's Name: \_\_\_\_\_

Number of participants? \_\_\_\_\_ Cost per Participant \_\_\_\_\_

Please List Expenses for Clinic: (please list in US Dollars)

Arena \_\_\_\_\_ Instructor Fee: \_\_\_\_\_

Instructor Expenses (travel, lodging, meals) \_\_\_\_\_

Other Expenses: \_\_\_\_\_ Total Expenses: \_\_\_\_\_

Update Scholarship

Please list dates of Clinic \_\_\_\_\_ Location: \_\_\_\_\_

How many years as an Instructor? \_\_\_\_\_

Are you working towards an Upgrade to the next level? \_\_\_\_\_

Are you presently teaching Centered Riding? \_\_\_\_\_  Part Time  Full Time

Are you Self-Employed? \_\_\_\_\_

Other Information you would care to give \_\_\_\_\_

Please List Estimated Costs: (please list in US Dollars):

Cost of Clinic: \_\_\_\_\_ Travel Expenses: \_\_\_\_\_

Lodging: \_\_\_\_\_ Meals \_\_\_\_\_ Other Exp. \_\_\_\_\_

Total Projected Expenses: \_\_\_\_\_

**New Instructor Scholarship.**

Dates of Part I \_\_\_\_\_ Dates of Part II \_\_\_\_\_ Location: \_\_\_\_\_

Length of time you have taught as an instructor \_\_\_\_\_(years)  Part Time  Full Time

Other Information you would care to give \_\_\_\_\_

Please List Estimated Costs: (please list in US Dollars):

Cost of Clinic \_\_\_\_\_ Travel Expenses \_\_\_\_\_

Lodging \_\_\_\_\_ Meals \_\_\_\_\_

Other Expenses: \_\_\_\_\_ Total Projected Expenses: \_\_\_\_\_

**Symposium Scholarship**

Present membership status: \_\_\_\_\_ Number of Years: \_\_\_\_\_

Distance you are located from Symposium: \_\_\_\_\_

Other Information you would care to give relative to application \_\_\_\_\_

Please List Estimated Costs: (please list in US Dollars):

Cost of Symposium: \_\_\_\_\_ Travel Expenses: \_\_\_\_\_ Distance from Symposium \_\_\_\_\_ miles

Lodging: \_\_\_\_\_ Meals \_\_\_\_\_ Other Exp. \_\_\_\_\_

Total Projected Expenses: \_\_\_\_\_

**Please Note:**

**Applications received after the deadline or are incomplete (e.g. missing essay) will not be considered.**

Please send your application to:

Centered Riding®, Inc.

1 Regency Drive, Post Office Box 30, Bloomfield, CT 06002

Phone: 860-243-9501 / Fax: 860-286-0787

Email: [Office@CenteredRiding.org](mailto:Office@CenteredRiding.org) / Website: [www.CenteredRiding.org](http://www.CenteredRiding.org)

# Application Form – Part II

(Please type or print clearly)

Please send Part II of the application form to the Centered Riding Office within thirty (30) days from the end of the clinic or symposium attended. Your newsletter article and photographs should be emailed to: [office@centeredriding.org](mailto:office@centeredriding.org).

**IMPORTANT NOTE: IF REQUIRED DOCUMENTATION IS NOT RECEIVED IN THE OFFICE WITHIN 30 DAYS FROM THE END OF THE CLINIC OR SYMPOSIUM, THE SCHOLARSHIP OR GRANT WILL BE FORFEITED AND MAY BE GIVEN TO ANOTHER APPLICANT.**

Today's Date: \_\_\_\_\_

Application for:  Organizer Grant  Instructor Course  Symposium

Date that clinic or symposium concluded: \_\_\_\_\_

Clinician's Name (or Symposium Chair): \_\_\_\_\_

Signature: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Level (if instructor) \_\_\_\_\_

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

\_\_\_\_\_ Country \_\_\_\_\_

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

Total expenses incurred in organizing or attending the CR Clinic or Symposium (Please provide detail):

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I have emailed my newsletter article to the Centered Riding Office

I have emailed two to three digital photos that can be used with my article

Please send your application to:

Centered Riding®, Inc.  
1 Regency Drive, Post Office Box 30, Bloomfield, CT 06002  
Phone: 860-243-9501 / Fax: 860-286-0787  
Email: [Office@CenteredRiding.org](mailto:Office@CenteredRiding.org) / Website: [www.CenteredRiding.org](http://www.CenteredRiding.org)