

ALL DRESSAGE ASSOCIATION SCHOLARSHIP

2010

Candidate Intent Form

Name: _____

Address: _____

Phone: _____

E-mail: _____

*I wish to be a candidate for the ADA educational scholarship. This document expresses my intent to fulfill the minimum requirements of the scholarship program. If I meet or exceed the minimum requirements, I will be eligible to receive a monetary award. **I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO ENSURE THAT THE SCHOLARSHIP COORDINATOR RECEIVES THE NECESSARY DOCUMENTS BY OCTOBER 30, 2010.***

Date _____ Signature _____

Submit to: Virginia Nolan
8627 Feldhak Rd.
Kaleva, MI 49645

(231) 392-9481