



## *WCDEA 2024 Educational Scholarship Application*

Name \_\_\_\_\_

Year Joined WCDEA \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone number \_\_\_\_\_

What do you intend to do with the scholarship funding you receive?

Date & location of educational opportunity:

The requirements for receiving this scholarship funding are:

- 1) agree to write a paragraph or two about what you learned during your educational opportunity that we can share with members.
- 2) include a photo of you riding or learning at the venue, which might be added to the next newsletter!

If you agree to the above, congratulations! Your \$50 check will be mailed soon! Signature

\_\_\_\_\_

Please send this form to: Carol Landt at [landthubert@gmail.com](mailto:landthubert@gmail.com)