



CDS Foothill Chapter Scholarship Reimbursement Form

- Awards must be used within a 12-month period or funds will be voided
- Recipient must be a CDS Foothill Chapter member at the time funds are used
- Awards are non-transferable (except from parents to children under the age of 12)
- This form must be submitted with each reimbursement request
- Please submit a reimbursement request within 30 days of event (clinic, show etc.)
- Please provide receipt of expense/proof of payment (see back of this form).
- Please email this completed form to FoothillsChapterCDS@gmail.com or mail to: Foothills Chapter CDS, 4625 Robertson Ave, Sacramento, CA 95821
- Please allow 30 days for reimbursement to be issued

Name: _____

CDS number: _____ USDF number: _____

Phone number: _____

Email: _____

Address: _____

Name of scholarship: _____

Scholarship reimbursement request amount: \$ _____

Please describe what the funds were utilized for (see back of form for authorized scholarship fund utilization):

Signature _____

Date _____



Authorized Scholarship Utilization

(Please note that some scholarships have regulations on how funds can be used. Please see the scholarship application for more information)

- Show entries
- Stabling
- Lodging
- Travel expenses
- Riding Workshops
- Clinics
- Lessons
- Equestrian Education Events
- USDF University Credits
- Attending CDS annual meeting
- Community Scholarship- Any expenditure related to spreading awareness of dressage

Please contact the scholarship committee at FoothillsChapterCDS@gmail.com if you are unsure if a certain expense qualifies for reimbursement.

Proof of Expenses

- Please provide a receipt of expenses where available.
- If a receipt is not available (eg. Clinics), please provide the cost of the clinic, a copy of the rider schedule, and the contact information of the person that handled finances for that event.

To Be Completed By Scholarship Committee

Recipient's available scholarship funds: \$ _____

Scholarship Reimbursement Approved or Denied: _____

If Denied, reason: _____

Reimbursement check issued by treasurer on (date): _____

Recipient's remaining scholarship funds: \$ _____

Signature: _____ *Date:* _____