MSEDA Scholarship Application

Name		MSEDA #
Address:		
City:	State:	Zipcode:
Telephone:	Email:	

Grant for which I am applying:

(please mark the appropriate box)

☐ MSEDA Educational Grant

☐ Christine Brown Memorial Grant

Purpose, scope and timing of scholarship:

Describe how you propose to “pay back” through providing programs that are related to scholarship activity, benefit MSEDA membership and the equine community at large.

Please send completed form to: MSEDA, PO Box 338, Georgetown, KY 40324