

# HOUSTON DRESSAGE SOCIETY JOE R. BUSHAGER MEMORIAL GRANT GUIDELINES

## General Statement of the Purpose of the Scholarship:

On July 11, 1989, the Houston Dressage Society established the Joe R. Bushager Memorial Grant to encourage talented, promising and dedicated riders in their pursuit of training in Dressage. Traditional avenues of training such as clinics and intensive work with recognized experts as well as unique competition experience are viewed as appropriate, but not limiting activities. The scholarship is intended for any activity involving both horse and rider (the applicant) that will make a significant impact on the horse/rider's level of understanding of the principles of dressage as well as their level of achievement.

## Funding:

The goal of the Grant shall be to award at least one \$500 scholarship each fiscal year. Funding for the Grant shall come from \$5.00 of each Horse/Rider registration. These funds shall be placed in an interest bearing money account. Any funds in excess of those required for the annual scholarship shall remain in said account to be applied to future additional and/or larger scholarships at the discretion of the HDS Board. Should HDS become defunct, the monies in the account shall be donated to USDF Region 9 for use as scholarships for Young Riders competing in National Competitions.

## Timing:

Applications will be accepted from September 15 through December 31 for the following year's Grant. The Grantee shall be announced at the Annual Awards Banquet. Applicants will be notified of their status prior to the Banquet.

## Criteria:

1. Applicant must be an HDS member in good standing (board members and family members are excluded).
2. Applicant and rider must be the same.
3. Horse need not be owned by the applicant; however, if the horse is not applicant owned, the owner's signature must be on the application form.
4. Horse and rider should have competed at first level or above.
5. Changes in the nature of the proposed activity must have prior approval of the selection committee. If applicant is unable to complete the approved activity, unspent monies as described in the proposed budget must be returned to the Grant fund.
6. The recipient shall provide a brief written report to the Grant Administrator within two months following the approved activity, which will be edited for publishing in the HDS newsletter.
7. The Grant money must be spent within one year following the date received.
8. The Applicant shall contact two people for recommendations and request that they send letters directly to the Grant Administrator. One of the recommendations should be from the trainer/instructor or program with which the applicant wishes to work.
9. The grant will not be awarded to the same person in two consecutive years or more than twice in five years.
10. Non-compliance with these criteria will prohibit recipient from receiving future grants.
11. Up to two-thirds of the award will be sent to the instructor/trainer or program directly. The remaining one-third of the grant will be issued to the recipient of the award upon completion of their written report and ten (10) volunteer hours for Houston Dressage Society in the year of the award.

## Administration:

1. A Selection Committee of five HDS members with three-year staggered terms will be headed by a non-voting Grant Administrator. The selection committee was originally formed by an ad hoc committee. Replacements will be chosen by the HDS President via HDS member input.
2. The identity of the Selection Committee is to be known only to the current HDS President and the Grant Administrator.
3. Suggestions for the Selection Committee members may be made by any HDS member. Send suggestions to the current HDS President.
4. Selection Committee members and the Grant Administrator are ineligible for the Grant while they hold office.
5. The Grant Selection Committee will operate blind, that is, all communications, deliberations and polling will be carried out by mail via the Grant Administrator.
6. The Grant Administrator shall be appointed by the HDS President to serve a term of no less than three years. The duties of the Grant Administrator are as follows:
  - 6.1 Provide application forms to applicants.
  - 6.2 Maintain all records and distribute completed applicants to Selection Committee members.
  - 6.3 Collect a straw vote with comments from the Selection Committee and prepare the final list candidates according to the straw vote.
  - 6.4 Count the votes and oversee a reballoting should the vote be inconclusive.
  - 6.5 Notify applicants of whether they were awarded the grant or not.
  - 6.6 Announce the Grantee to the HDS board and then the membership at the Awards Banquet.
  - 6.7 Remind recipient of duties outlined in Criteria section above.

*These guidelines were originally prepared by the ad hoc committee: Sherry Arndt, Karen Brown, Lauralyn Bushager and Marcetta Darensbourg.*

*Modified by the HDS Board in June 1997.*

The current grant administrator is **Jennie Robicheaux**. Jennie's term is from December 1, 2015 to November 30, 2019. Grant applications should be emailed to Jennie's attention at **Katier354@aol.com**.

**JOE R. BUSHAGER MEMORIAL GRANT APPLICATION**

(If you cannot fit your information in the space provided, please feel free to attach an additional page.)

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Horse \_\_\_\_\_

Dressage and Competition Experience of the Applicant \_\_\_\_\_

\_\_\_\_\_

Dressage and Competition Experience of the Horse \_\_\_\_\_

\_\_\_\_\_

Previous Training Grants/Scholarships Received (include date and activities) \_\_\_\_\_

\_\_\_\_\_

General Equestrian Background \_\_\_\_\_

\_\_\_\_\_

Equestrian Goals (Short term and long term) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposed Activity

\_\_\_\_\_

Significance of Proposed Activity to your Goals \_\_\_\_\_

\_\_\_\_\_

Explain how this activity will be shared with other HDS members \_\_\_\_\_

\_\_\_\_\_

Service/Participation in HDS or other local or national dressage organizations

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References (Must include names, addresses and phone numbers of willing participants. Please have them mail your letter of recommendation directly to the Grant Administrator).

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Additional comments or information that may be helpful to the Selection Committee or Grant Administrator

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Statement of Horse Owner: I agree that the horse or horses described above will be available to the applicant for the inclusive dates of the proposed activity.

Signature of Horse Owner \_\_\_\_\_ Date \_\_\_\_\_

I certify that the information provided to the committee is true and correct. I have read a copy of the rules and agree to abide by them. I agree to fulfill my obligations within the required time period.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_