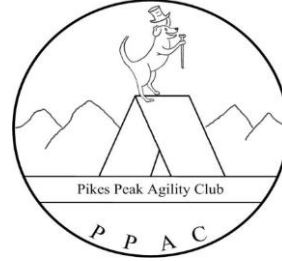


Dog Agility of the Pikes Peak Region Club Youth Program Scholarship Application

Eligibility Rules:

- 17 or younger on the date of award.
- Colorado resident.
- Applicant must be the primary owner, and handler (50% or more), of the dog.



Qualified Uses:

- Agility trial fees up to \$60.00 per trial.
- Agility classes
- Agility seminar fees
- Agility equipment

Limits:

The first draw is limited to \$100. The maximum per year is \$200.
 Money awarded to the applicant is to be used solely for the purpose approved. If applicant is unable to complete the event he/she will refund all money to DAPPR within 30 Days. Failure to refund unused funds will disqualify applicant for future funding.

How funds are awarded:

- There are two funding periods per year.
- Applications are accepted during the month of June and during the month of December.
- Awards will be made to qualified applicants within ten (10) days of the closing of the application period.
- Checks will be made out to the sponsoring organization or trainer.
- Award of funds is based on availability.
- A new application must be submitted for each request.

AFTER YOUR EVENT:

- 1) Following each event please send us an email telling us about it. This may be done hereon or in a separate email.
- 2) Youth must give back to the community by doing some work with animals. Some ideas are: work at a trial, pick up in a park, bathe, brush or walk and elderly persons dog. Tell us what you did:
- 3) Failure to follow up on items 1 and 2 will disqualify the applicant for one funding period.

DAPPR Trials

1. DAPPR will offer a 50% discount to any handler age 17 or younger.
2. If program funds are used at a DAPPR trial, recipient must work two classes per day.
3. If more than two classes are worked, then double workers coupons are paid.

<p>M DAPPR _____</p> <p>A T c/o Donette (Gord) Belknap _____</p> <p>I O 1535 Maxwell Street _____</p> <p>L Colorado Springs, CO 80906 _____</p> <p>_____</p> <p>Email: Donlea09@aol.com</p>	<p>F Name of Youth: _____</p> <p>R Address: _____</p> <p>O _____</p> <p>M City/State/Zip: _____</p> <p>E-Mail: _____</p> <p>Phone: _____</p>
---	--

Amount requested for this event: \$ _____ Training ____ Seminar ____ Trial Fees: ____ Equipment: ____ **Other: ____

**Describe: _____

Cumulative amount drawn out year to date: \$ _____ Age: _____

EVENT

Name of Organization or Trainer check is to be made out to: _____ Event: _____

Address: _____ Date of event: _____

Telephone: _____

Email: _____

I have read, understand, and agree to the terms stated above.

Parent or Guardian: _____ Youth: _____

Signature _____

Print _____ DATE _____