

# Cindy Burge Memorial Instructor Certification Program (ICP) Grant Application

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail \_\_\_\_\_

Current employment status:

Number of students (do not list names):

Level Competing:

Brief description of your riding/competition history (write on back of page if needed):

Please attach a typed essay to this form describing the reasons you wish to participate in the ICP.

Have you attended any ICP workshops? Yes / No

In what capacity?

Where?

Date?

If awarded this Grant, what do you propose to give back to Area I as reciprocation of this award within one year of participation?

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Send completed application no later than October 1 to:

Suzanne Adams  
Area I Adult Rider Program Coordinator  
Email – [adultriders@area1usea.com](mailto:adultriders@area1usea.com) or  
US Mail – 17 High Street, Hudson, MA, 01749