

# The Residential Week

# – part of the Riding A Dream Academy APPLICATION FORM

The Residential Week is specifically for talented and promising young riders aged 14-18 from underrepresented communities who have learned to ride at an urban equestrian centre. We particularly welcome applications from individuals from diverse ethnic communities.

Please email your completed application form to info@ridingadreamacademy.com

by the closing date of Monday 14th June 2021.

1. **Tell us more about you**

|  |  |
| --- | --- |
| First name: | Last name:  |
| Phone number: | Email address: |
| Address: | Date of Birth: | Age: | Gender: |
| Weight: | Height: |
| Ethnicity: |
| Do you consider yourself to have a disability?: |
| If you answered yes, please provide more detail here |

1. **Your Key Contacts**

We will need to get in contact with your parent or carer to make sure they agree to you taking part in the Scholarship.

|  |  |
| --- | --- |
| Name of parent / carer: | Parent / carer’s phone number: |
| Parent / carer’s email address: |

1. **Tell us about your school**

|  |  |
| --- | --- |
| Which School / college do you currently attend? |  |
| Which year are you in? |  |
| Are there any achievements from school that you would like to tell us about? This could include being part of a club or team; contributions to your school or local community or any tests or exams you’ve passed or anything that you are proud of. |

1. **Tell us about your riding**

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| Where do you go riding? Which Urban Equestrian Centre? |
| How long have you been riding? |
| On average how often do you ride? |
| Which of the following can you confidently do on a horse / pony unaided?[ ]  Walk[ ]  Trot[ ]  Canter[ ]  Jump |
| Have you taken part in pony racing? |
| Please provide the name and contact details of your riding instructor or key contact at your urban equestrian centre |

**5. Tell us why you want to be part of the Residential Week**

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| Why do you want to apply for the Residential Week? |
| Why do you enjoy riding and spending time with horses? |
| What interests you most about British horse racing? |
| Anything else that you would like to tell us?  |

[ ]  I declare that the information I’ve provide is accurate and complete

[ ]  I have permission from my parent / carer to apply

Please return this form when completed to: info@ridingadreamacademy.com

by the closing date of Monday 14th June