

Hidden Valley Obedience Club Scholarship Application

Date: _____

Name _____ *Age _____ *(if applying as a Jr. Handler)

Dog's name: _____

Breed: _____

Address: _____

Phone: () _____ - _____

Email: _____

HVOC member? _____

Purpose of scholarship/grant:

_____ Obedience class fees (Specify which class and date it begins:)

Class: _____

Date class starts on: _____

_____ Other

Please describe: _____

Is this the first HVOC scholarship you have requested? _____

What do you like best about your dog? _____

What is your goal in training your dog? _____

Upon completion of a class, you may apply for additional scholarships. Please email or mail all scholarship applications to:

HVOC C/O Scholarship/Grant Program
PO Box 463035
Escondido, CA 92046-303

Email to: registrar@hiddenvalleyobedienceclub.org

_____ **INT.** Jr. Handler - By signing below, you are agreeing to be the handler of the dog and will attend all classes otherwise payment in full is required.

(Print Name)

(Print Name – Parent if applicant is a minor)

(Signature)

(Parent Signature)