2014 Scholarship Application Form

Arizona High School Cycling League
10115 E Bell Rd, Ste 107, #210
Scottsdale, AZ 85260
480.636.0698
www.arizonamtb.org

We are committed to making our events (races, camps and classes) accessible to everyone to the best of our ability, regardless of their financial situation. Please complete the following information. We will review your application and get back to you as soon as possible about the level of scholarship we are able to offer to you.

Applicant Name (student-athlete, coach or volunteer):		
Parent/Guardian Name (if applicable):	Age:	School, Club or Team:
Address:		
City:	State:	Zip:
Phone:	Alternative Phone:	
Parent or Applicant E-mail:		

Application is for:
Single Race:_____ (*insert race name or date here*)
Wilderness First Aid:_____
Day Camp:_____ (*insert camp location or date here*)
Race Series:_____
Leaders' Summit:_____
Weekend/Week Camp:_____ (*insert camp location or date here*)

In the space below, please describe your current financial situation, indicating why you are in need of financial support for yourself or your daughter/son to participate in a Arizona High School Cycling League event. Please use the back of this sheet if more space is needed. *If awarded a scholarship, you or your student-athlete should be prepared to write a letter explaining how the scholarship was beneficial. Identity will be kept confidential at your request.*

Sliding Scale
Due to the limited nature of our scholarship funds, we rarely give full scholarships but ask that individuals or families pay what they can on a sliding scale. Please indicate below what you are able to pay per race or event.

I am able to pay $_____ per activity noted above.

Please email completed form to **mike@arizonamtb.org**

- or mail to -

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