



STUDENT SCHOLARSHIP APPLICATION

OFFICE USE ONLY	
Scholarship _____ %	
Staff Approval _____	
Other: _____	

The Washington Student Cycling League is committed to making our program assessable to all student riders, who without this financial assistance would not otherwise be able to participate in our program. Scholarships will be awarded for a percentage discount, depending on individual circumstances and based on funds available. Costs related to equipment, team apparel and out of town travel are not covered under this scholarship program.

Due to the limited nature of our scholarship funds, we rarely give full scholarships and ask that that families make a commitment to pay what they can. Depending on individual circumstances, scholarship recipients may be asked to volunteer their time to help with various operations of the League.

REQUIREMENTS FOR ELIGIBILITY

- Application must be completed by a parent, guardian, or head of household.
- Student rider must make a commitment to attend a minimum of 80% of scheduled practices.

Priority will be given to eligible student riders who are;

- Member of a multi-child family
- Living in a single parent home
- Receiving assistance from programs such as: Food Stamps, Medicaid, SSI, Foster Care, WIC, etc.

Please complete the questionnaire below and attach a written statement of need as you see appropriate to your situation. When completed, please mail, fax or email this application to the League. *All information disclosed in your application will be held in the strictest confidence.*

Date: _____	Amount Requested: \$ _____
Program: <input type="checkbox"/> Spring League <input type="checkbox"/> Fall Program <input type="checkbox"/> Skills Clinic <input type="checkbox"/> Leadership Summit <input type="checkbox"/> Summer Camp <input type="checkbox"/> Other (describe) _____	

Student's Name: _____	Team/Coach: _____
Parent/Guardian Name: _____	Parent/Guardian Phone: _____
Parent/Guardian Email: _____	

Student lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	Does student currently receive free or reduced lunches at school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of dependent children in household during last tax year: _____	Annual Household Income: \$ _____
Receiving assistance from these programs: <input type="checkbox"/> Food Stamps <input type="checkbox"/> Medicaid <input type="checkbox"/> SSI <input type="checkbox"/> Foster Care <input type="checkbox"/> WIC <input type="checkbox"/> Other	
Does student play other sports: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes to other sports, does student receive financial assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does student participate in other non-sport activities after school? (i.e. music lessons, theater, part-time job) <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes to other activities, please list activities: _____

CONSENT TO RELEASE INFORMATION

I understand that my signature authorized the Washington Student Cycling League to obtain verification of all information on this application and that additional information may be necessary for approval of this application. I certify that all of the information on this form is true and correct.

Signature of Parent/Guardian	Date
Please Print Name Clearly	



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Student's Name:	Date:
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OPTIONAL WRITTEN STATEMENT

By Student:

By Parent/Guardian: