



Race Scholarship Application Form

National Interscholastic Cycling Association
2414 6th Street
Berkeley, CA 94710
(510) 524-5464
Fax 510-779-5597
www.nationalmtb.org

We are committed to making our races accessible to everyone, regardless of their financial situation. Please complete the following information, and send to your League Director. They will review your application and get back to you as soon as possible about the level of scholarship they are able to offer to you. Please *do not* send to the NICA office.

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|-------------------|-------------|---------|
| Parent's Name(s): | | |
| Student's Name: | Age: | School: |
| Address | | |
| City: | State: | Zip: |
| Home Phone: | Work Phone: | |
| Parent E-mail: | | |

In the space below, please describe your need for financial support for your daughter/son to participate in a NICA High School Cycling race/camp/event. Please use the back of this sheet if more space is needed.

Sliding Scale

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

I am able to pay \$ _____ per Race Please send this form to your League Director.
I am able to pay \$ _____ for Series
I am able to pay \$ _____ for Camp/Summit
I am able to pay \$ _____ for the Event