2024-25 Scholarship Application Form *** Confidential When Completed ***





We are committed to making our league accessible to everyone to the best of our ability, regardless of their financial situation. If the applicant is under the age of 18, this application is to be completed by their parent or guardian. 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.**Please make a copy before completing!**

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Applicant Name (student-athlete,		Grade	Today's Date	
Parent/Guardian Name (if applicable):			School or Team	
Current Eligibility for National Scl	hool Lunch Program (check or	e):		
Not Eligible Reduced Price Lunch			Free Lunch	
Address:	gibio readaced rines carrier rice carrier			
Address.				
City:			State	Zip
•				
Phone:	Alternate Phone:	Parent or	Applicant Emai	l:
Application is for (check one):		-		
Season Pass	Coaching Fees			
Other NJICL event (pls specify):				
Other Noice event (pis specify).				
In the space below, please briefly describe your current financial situation, indicating why you are in need				
of financial support for yourself or your daughter/son to participate in the New Jersey Interscholastic				
Cycling League. Please use the back of this form 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 benefitted				
them. Your identity will be kept confidential.				
Sliding Scale - We ask that all participants pay for their participation to the best of their ability. Subject to availability of funding, our goal is to provide scholarships based on your family's eligibility for the				
National School Lunch Program or your particular circumstances as described above, ranging from 25% to 75%. Please indicate what portion of the fees you are able to pay: \$				
By signing this application, I promise that all information has been truthfully and completely reported.				
Signature (may be typed)				
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			NJICL Schol	
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