

*** Confidential When Completed ***



NATIONAL
INTERSCHOLASTIC
CYCLING ASSOCIATION

Applicant Name (student-athlete, coach, or volunteer):		Grade	Today's Date
Parent/Guardian Name (if applicable):		School or Team	
Current Eligibility for National School Lunch Program (check one):			
☐ Not Eligible	☐ Reduced Price Lunch	☐ Free Lunch	
Address:			
City:		State	Zip
Phone:	Alternate Phone:	Parent or Applicant Email:	
Application is for (check one):			
☐ Season Pass	☐ Coaching Fees		
Other NJICL event (pls 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: \$ _____.

Signature (may be typed)

Or mail to: NJICL Scholarship
PO Box 713 | Cologne, NJ 08213