



# Scholarship Application Form

NorCal High School Mountain Bike Racing League  
4412 Piedmont Ave. #1  
Oakland CA 94611  
(510) 653-2453  
[www.norcalmtb.org](http://www.norcalmtb.org)

We are committed to making our camp and race series accessible to everyone, 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.

Parent's Name(s): \_\_\_\_\_

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Parent E-mail: \_\_\_\_\_

In the space below, please describe your current financial situation, indicating why you are in need of financial support for your daughter/son to participate in a NorCal High School Mountain Bike League camp or race series. Please use the back of this sheet if more space is needed.

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### 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.

I am able to pay \$\_\_\_\_\_.