

ROLLFAST, INC.
SCHOLARSHIP AND FINANCIAL ASSISTANCE
APPLICATION FORM

NAME: _____

HOME ADDRESS: _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____

CITIZENSHIP: _____

GENDER: _____

PLEASE DESCRIBE THE NATURE, DATE, AND TIME OF DESIRED TRAINING:

PLEASE PROVIDE THE NAME OF THE CYCLING INSTITUTION AND/OR SPONSOR OF THE PROGRAM IDENTIFIED ABOVE AND THE DATES OF SUCH TRAINING: _____

PLEASE DESCRIBE HOW YOU HEARD ABOUT ROLLFAST: _____

PLEASE DESCRIBE YOUR CYCLING BACKGROUND, INCLUDING CAMPS, TRAINING, AND ANY COMPETITIVE CYCLING EVENTS ATTENDED OR COMPLETED FOR THE PAST FIVE (5) YEARS: _____

PLEASE DESCRIBE WHY YOU ARE INTERESTED IN THE PROGRAM FOR WHICH YOU ARE APPLYING: _____

IS THIS SCHOLARSHIP OR FINANCIAL ASSISTANCE AWARD THE ONLY MEANS BY WHICH YOU CAN PURSUE THE PROGRAM YOU DESIRE TO ATTEND? IF YES, PLEASE EXPLAIN: _____

PLEASE DESCRIBE ANY OTHER CYCLING CAMPS OR TRAINING IN WHICH YOU ARE CURRENTLY ENROLLED: _____

IF YOU ARE AWARDED A SCHOLARSHIP OR FINANCIAL ASSISTANCE AWARD FOR THE PROGRAM YOU HAVE SELECTED, PLEASE DESCRIBE HOW THIS AWARD WILL IMPACT YOUR FUTURE: _____

PLEASE LIST ANYTHING ELSE YOU WOULD LIKE US TO KNOW ABOUT YOU:

DATE

SIGNATURE