**SCHOLARSHIP APPLICATION**

This form will be used by the Dripping Springs Mountain Bike Team Scholarship Committee to evaluate scholarship applicants. Disclosure of all requested information is voluntary, but the application must be complete to satisfy eligibility requirements. Scholarships are available to individuals who are members of the Dripping Springs Mountain Bike Team, will have graduated from high school or the equivalent and who are entering their first year of post-high school education. This includes, but is not limited to, colleges, universities, and technical schools. Prerequisites to the student’s consideration for a scholarship:

1. Student must have been a member of the club in good standing for a minimum of 2 years upon graduation.
2. Student must have registered with the club by November 1st of their senior year.
3. Student must:
	1. attend a minimum of 80% of scheduled practices

or

follow a training plan pre-approved in writing by the head coach prior to January 15th of graduation year

* 1. attend a minimum of 15 team scheduled events (combination of practices, races, recruitment events, social events)
	2. mentor junior riders as a ride leader and/or coach assistant at a minimum of 10 team ride events (may be combined with a and b)
	3. participate in scheduled community and/or school PR and recruitment activities
	4. be a team ambassador at all events/races team for which individual and team participate in (represent the team in team gear)

**Completed application and supporting materials must be electronically received by Friday, March 31st, 2023.**

For additional information, please contact the DSMTB team at dsmtbteam@gmail.com.

**I. Personal Information**

Name: (Last) (First) (MI)

Permanent Address: (Number & Street Name or PO Box Number)

(City) (State) (Zip Code)

Telephone Number: ( )

**Alternate Contact**: Please provide the name, address, and telephone number of someone who will always be able to contact you, such as a parent or guardian.

Name:

Relationship:

Address:

Telephone Number:

**II. Education**

Name of High School:

Graduation Date (month/year): Grade Point Average:

School Address:

Telephone Number: ( ) Name of Counselor:

Please include a copy of your transcript with your submission.

**III. Post High School Education**

Name and address of institution you plan to attend after high school:

Expected Starting Date (month/year):

Intended Course of Study (major):

**IV. Academic Achievement and Recognition**

List honors, achievements, and other recognition received for academic performance, including dates:

**V. Extracurricular Activities**

List activities in which you are (or were) involved, such as athletics, band, clubs, UIL teams, etc., including dates:

**VI. Employment History**

List of employers, the nature of work performed, and dates:

**VII. Other Achievements, Activities, or Honors**

List other activities, achievements, or honors not previously listed, including dates (includes scholarships and amount):

**VIII. Community Service**

List the community service activities and projects in which you have participated. Give the dates and the specific work you have done.

I**X. Personal Statement**

Discuss in 500 words or less:

1. *How has mountain biking impacted your life?*
2. *Discuss how you’ve contributed to the team.*

**X. Photograph**

Email a photo of you that would be suitable for publicity purposes to dsmtbteam@gmail.com. Photos of scholarship recipients may be provided to news media or used in other publicity related to this and future Dripping Springs Mountain Bike scholarships.

**XI. Certification**

I hereby certify that the information I have submitted in this application is true and correct to the best of my knowledge and belief.

I understand that if I should receive this scholarship, all funds will be sent directly to the college/university that I will attend.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Athlete’s Signature

I certify that the information in this application is correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian’s Signature

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**XII. Scholarship Submission Information**

**If additional space is needed to fully address any item(s) on this application, supplemental pages may be attached.**

Completed scholarship application and transcript may be emailed to dsmtbteam@gmail.com with “Scholarship Submission” included in the subject line.

**Completed application and supporting materials must be received prior to April 1, 2023.**