

**WEST VIRGINIA INTERSCHOLASTIC
CYCLING LEAGUE**

229 JESTER COURT
MORGANTOWN, WV 26508

SCHOLARSHIP APPLICATION

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Application Date: _____

Contact Information: email: _____

Cellular Number: _____

Home Phone: _____

Employment/Student's School: _____

Scholarship Request: \$ _____

Scholarship Money to be used for: _____

Your Involvement with WV League: _____

Amount Approved: _____ Denied _____

Approved/Denied by: _____

Approval/Denial Date: _____