**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 during highschool and have been riding with the club before November 1st of their senior year.
2. Student should:
   1. attend scheduled practices
   2. mentor junior riders as a ride leader and/or paydirt leader
   3. 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 Monday, May 5th, 2025.**

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:

**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) or Technical/Vocational School:

I**V. Personal Statement**

Discuss:

1. (40 pts) How many seasons have you participated on the Mountain Bike Team?
2. (20 pts) How many total races, paydirt, and team recruiting activities per season did you typically attend?
3. (20 pts) How has mountain biking impacted your life? (500 words or less)
4. (20 pts) Discuss how you’ve contributed to the team. (500 words or less)

**V. 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.

**VI. 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VII. Scholarship Submission Information**

Completed scholarship application and transcript may be emailed to [dsmtbteam@gmail.com](mailto:dsmtbteam@gmail.com) with “Scholarship Submission - Your Name” included in the subject line.

in lieu of signed copies of the application, please copy a parent or guardian and write

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

then have a parent or guardian reply all with - “I certify that the information in this application is correct.”

**Completed application and supporting materials must be received prior to May 5th, 2025**