

Please Return to:

Julie Carter
MSU Cycling Team
3410 Taft Blvd. #12811
Wichita Falls, TX 76308

Midwestern State University Cycling Team Application for 2009-10 Cycling Scholarship

Name _____

Social Security Number: _____ 2009 racing age: _____ Date of birth: _____

School Address (Wichita Falls address, if applicable) _____

Telephone (Home) _____ (Work) _____

Permanent Address _____

E-mail address _____

High School, College or University currently attending _____

Major _____ Minor _____

Current Academic Status

High School Senior

College Junior

College Freshman

College Senior

College Sophomore

Graduate Student

Other, Specify _____

SAT/ACT Composite Scores (score/date taken) _____

If Graduate Student, GRE Composite Score (score/date taken) _____

If enrolled in high school, current GPA, based on a four-point scale _____

If enrolled in college, current GPA, based on a four-point scale _____

List all schools attended.

College/University	Hours/Credits Earned	GPA
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Are you currently receiving financial aid? Yes No

If yes, please describe type. _____

Please list academic honors, awards and extracurricular activities. _____

Why do you feel you are a good candidate to be a recipient of an MSU cycling scholarship?

If you are currently receiving an MSU cycling scholarship, what contributions have you made to the team this season? _____

What contributions do you plan to make in the future to the sport of cycling? _____

What USA Cycling or UCI membership(s) do you currently hold? Please identify name of team in which you are a member and provide the name, address and phone number of the team manager if it is other than MSU/HHH. **Please provide a photocopy of your current license(s).**

- NCCA _____
- USCF/ UCI _____
- NORBA _____

Please provide a **complete race resume** of your cycling experience/competition and records. You may include any media publications documenting your records or athletic accomplishments, letters of recommendation, copies of awards received and other appropriate documentation that may supplement your application.

Recipients of an MSU cycling scholarship are required to abide by the following requirements:

As a member of the MSU Cycling Team, I understand that my scholarship requires participation in all fall and spring SCCCC (collegiate) races including the collegiate conference championships and the National Collegiate Cycling Championships (when named to the team). I also understand that I must maintain a physical condition that would allow me to compete effectively as a team member. I also understand that I must follow all rules announced by the team director. I understand that I will be required to sign a contract to receive this scholarship. I understand that academics are an important part of my responsibilities at MSU and that I must work diligently as a student and maintain a minimum 2.0 cumulative grade point average. I understand that failure to abide by any of these provisions may result in forfeiture of my scholarship.

I have read, understand and agree to the requirements of an MSU cycling scholarship recipient.

Signature

Date

Semester for which you are applying for an MSU cycling scholarship:

- Fall Semester 2009 OR Spring Semester 2010 OR Both