**BFK LCI Training Scholarship Overview & Application**

*For Yes/No answers, please delete the answer that does not apply and leave the one that does.*

*You may answer No to any question; we will take the big picture into consideration.*

Basic Information

1. Applicant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Phone number / Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Current bicycle club affiliations and memberships (please list all that apply):

5. Facebook or other social media page address (if you have one):

6. Do we have your permission to contact two personal references who know you well enough to comment on your background? Yes No If yes, please list their contact information:

7. Total training scholarship requested: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (up to $500)

Background & Qualifications

8. When did you complete or when do you anticipate completing the pre-requisite requirementsfor the LCI program (e.g., Smart Cycling program)? Please share the date here:

9. Please describe why you are applying for this scholarship and how you plan to meet the requirements in keeping with BFK’s Training Scholarship Goals (limit 300 words):

10. Do you affirm that you intend to fulfill the requirements for, and that you will maintain, your League of American Bicyclists’ League Cycling Instructor status for at least one additional year after you receive LCI certification? Yes No

11. Please briefly describe any teaching experience you have (limit 100 words).

12. Have you participated in any Bike Friendly Kalamazoo public meetings in the last three years?

Yes No

Public Awareness-Building & Encouragement

13. Are you following or have you “friended” our Facebook page? Yes No If so, please share under what name if you are comfortable doing so.

14. BFK plans to publicly recognize our Training Scholarship Fund recipients. Are you willing to be recognized on at least one occasion in which BFK holds public meetings or events, through the next 12 months? Yes No If No, please explain:

15. Please describe how will you credit the BFK as a funding source on social media (limit 100 words)?

Are you willing to help publicize Bike Friendly Kalamazoo’s Training Scholarship Fund?

Yes No If No, please explain:

In signing this application for a BFK Training Scholarship, I affirm that: a) I am of legal age and authorized to sign the BFK Training Scholarship Application; b) I will hold harmless Bike Friendly Kalamazoo, its directors and officers, in the event of a lawsuit resulting from the implementation of the scholarship; c) the scholarship funds will be used for the purpose(s) described in the Scholarship Application; d) I have completed this Application truthfully; and, e) I give BFK permission to independently verify the content of my Application. I understand that BFK may make scholarship funds payable to the League of American Bicyclists, refundable to Bike Friendly Kalamazoo in the event of cancellations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Signature / Date