



SCHOLARSHIP APPLICATION

NAME: _____

PHONE: _____

ADDRESS: _____

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GYM NAME: _____

WHY ARE YOU INTERESTED IN PARTICIPATING IN THE LEAGUE?

HOW LONG HAVE YOU BEEN CLIMBING?

WHAT ARE 3 OF YOUR CLIMBING GOALS?

WHAT DO YOU NEED FINANCIALLY IN ORDER TO PARTICIPATE?

PLEASE SEND TOO:

ASPIRING HEIGHTS
6464 GIRVIN DR
OAKLAND CA 94611

YOU WILL BE NOTIFIED BY MAIL OR THROUGH YOUR GYM.