

## YCL SCHOLARSHIP APPLICATION

COMPETITOR'S NAME: \_\_\_\_\_  
TEAM/GYM: \_\_\_\_\_  
NAME OF PARENT/GUARDIAN: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
PHONE (HOME, MOBILE, WORK): \_\_\_\_\_  
EMAIL: \_\_\_\_\_

Please answer, thoughtfully, the following questions on a separate piece of paper, and mail your answers to YCL, PO Box 1027, Bishop, CA 93515. You will be notified about your scholarship either by email, mail or through your gym.

1. Why are you interested in participating in the Youth Climbing League? Why is this experience important to you?
2. Please tell us about your climbing experience. How long have you been climbing? Where and when did you get introduced to climbing? How long have you been climbing?
3. Why do you like to climb? Please tell us three things that climbing means to you.
4. Please tell us (or have your parent/guardian tell us) what you need financially to be able to participate in the YCL. Please describe your financial situation to us.