



WAVE Scholarship Application

Name: First: _____ Last: _____

Address: (optional) _____ City: _____ State: ____ Zip: _____

Telephone: _____

E-mail address: _____

Age: ____

Scholarship Amount Requested:

Half

Full

What would you like to tell us about yourself that will help us understand your reason to be a part of this ride?

I have been impacted by domestic violence in my life, either directly or indirectly

Other:

Comments:

Who referred you to make this application?

WAVE website

Personal referral (please list)

Domestic violence agency (please list)

Please email completed form to info@thewavefoundation.org or mail hard copy to:

Cycle the WAVE

1420 NW Gilman Blvd. Suite 2314

Issaquah, WA 98027

ATTENTION: Scholarships

* Application must be received no later than midnight on Friday before the event. After your application is reviewed and if approved, you will receive an email with instructions for registration using a special discount code provided. Thank you for supporting Cycle the WAVE and helping us make a difference in many lives!