CRCA Stipend Request Form

*By submitting this request, member confirms that they have read the “CRCA Stipend Program” and understand that reimbursement is subject to advance approval by the Board and that obligation of the member to provide a written report of the event and copies of receipts in order to be eligible to receive any approved reimbursement.*

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| Member’s Name |  |
| USAC Cycling License # |  |
| Race or event for which funding is requested (race name, date and field entered) |  |
| Request Type (Women’s/ U23/ or ‘Elite’) |  |
| Reimbursement % requested (Max 50%) |  |
| **Estimated costs for reimbursement (@100% of the expected costs)** | |
| Race entry fee (including bike reg or similar fees) | $ |
| Mileage (provide miles @ $0.50 cents per mile) | $ |
| Other travel costs (provide details) | $ |
| Accommodation expenses (provide details e.g. # of nights, sharing arrangements with others etc) | $ |
| Total costs | $ |
| **Other Information** | |
| Please describe how this event will add to the rider’s development. |  |
| Please provide any other relevant information, such as member’s involvement in or support of club activities during the year that demonstrate a commitment to CRCA or the advancement of the sport of cycling |  |
| Please provide details of any other financial assistance obtained or requested or if none, state none. |  |