Student Advisory Committee Application

The MiSCA Student Advisory Committee is comprised of current and recent student-athletes who provide input on the direction of the organization. Through attending regular MiSCA Board meetings and working on projects, committee members will learn about organizational leadership, decision making, fundraising, event planning, and teamwork. All interested and committed students are encouraged to apply, regardless of age or racing ability.

Applications to join the Student Advisory Committee must be submitted by **September 15** to be considered. New committee members will be announced at the MiSCA State Championship and will serve terms from November 1 of the application year through October 31 the following year.

* To fully participate in the process, committee members should attend regular meetings, in-person or via conference call, typically once per month. If accepted, applicants pledge to attend 2 in-person Board meetings and 3/4 of all scheduled meetings.
* Fundraising is an important function in any non-profit Board and committee members should participate in these efforts. If accepted, applicants pledge to raise a minimum of $100 in direct support for MiSCA via traditional fundraising efforts or new corporate sponsors, by the completion of their term.

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| --- | --- | --- |
| Applicant Name (student-athlete): | Graduation Year: | School, Club, or Team: |
|  |   |   |
| Home Address: |
|   |
| City: | State: | Zip: |
|   |   |   |
| E-mail Address (best for reaching student):  | Phone: |
|   |   |

**Tell us about yourself:** *mountain biking experience, participation in other activities/sports, something unique*

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**Why would you like to join the Student Advisory Committee?**

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**How has mountain biking impacted your life?**

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**Why is maintaining an active lifestyle important to you and your family?**

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|[ ]  I pledge to raise $100 in direct support for Michigan Scholastic Cycling Association. |
|  |
|[ ]  I pledge to attend 2 in-person Board meetings and 3/4 of all scheduled meetings. |

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| Applicant Signature: (e-sign by typing your name below) | Date: |
|   |   |

***below section to be completed if student-athlete is under 18 years of age (as of November 1 of the application year):***

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|[ ]  I am in support of this applicant becoming a member of the MiSCA Student Advisory Committee. |

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|[ ]  I will do whatever I can to support and encourage him/her. |

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|[ ]  To the best of my knowledge, all information provided in the application is up-to-date and correct. |

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| --- | --- |
| Parent/Guardian Name: | Date: |
|   |   |
| E-mail Address (best for reaching parent): | Phone: |
|   |   |

Email completed form to swarren@miscabike.org.