A.B.A.T.E. of Minnesota
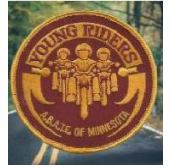
Rider Scholarship

A.B.A.T.E. of MN is a non-profit motorcycle rights organization that stands for **American Bikers** for **Awareness, Training,** and **Education**. Our organization promotes motorcycle crash prevention through motorcyclist safety awareness, training, and education.

A.B.A.T.E. is currently funding a scholarship program to pay for the cost of attending rider training courses. These funds are limited and will be approved based on application date and required criteria until all available scholarships have been awarded.

Why should you consider taking a rider training course? We believe that continued motorcycle training is key to building the proper foundation of good riding habits and better rider skills to create the best overall motorcycling experience. Taking annual training courses is key to refreshing your skills, maintaining your riding ability and improving your overall skillset.

What better investment can you make than yourself? What better pay off can you have than attending a free rider training event while possibly earning your motorcycle permit or endorsement?

The application requirements of the A.B.A.T.E. scholarship program include:
- Be at least 15 years of age (and under 21 years of age) with at least a valid Driver's License permit at the time you apply
- Have a valid Minnesota Driver's License prior to attending a course
- Meet the Minnesota Motorcycle Safety Center requirements for attending a course
Scan and email applications to ridertraining@abatemn.org

WARNING:

If you apply for a scholarship, **DO NOT** register yourself!
An A.B.A.T.E. representative will do that for you.

A.B.A.T.E. of Minnesota
Rider Scholarship Application

WARNING!!

If you are applying for this scholarship, <u>DO NOT</u> register yourself.

An A.B.A.T.E. of Minnesota representative will register for you.

Non-refundable College fees could occur.

Scholarship recipient will be responsible for any rescheduling fees.

Location of Course: _____

Course Description: _____

Date & Time of Course: _____

First Name: _____

Last Name: _____

Street Address: _____

City: _____

State: _____

ZIP Code: _____

Email Address: _____

Phone #: _____

Driver's License #: _____

Date of Birth: _____

What prompted you to take a rider training course?

_____

_____

To apply, send to **ridertraining@abatemn.org**