A.B.A.T.E. of MN Young Riders Scholarship Application

First Name: _____

Last Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Day Phone: _____

Home Phone: _____

Driver's License #: _____

Birthdate: _____

Course Description: _____

Date of Course: _____

Location and Time of course:

_____

What prompted you to take a rider training course?

To apply, print off the application, send it via email or USPS to:

Jon Fernholz

310 Benton St W

Cologne, Mn 55322

education@abatemn.org