

**WARNING!! If you are applying and are eligible for this scholarship,
DO NOT register for a course. Non-refundable College fees may occur.**

A.B.A.T.E. of Minnesota will register you.



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



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