

STARK COUNTY WRESTLING SCHOLARSHIP FUND APPLICATION

REGULATIONS

The scholarships can be applied to any form of future education.

The applicant must be a high school senior involved in a wrestling program in the Stark County school system for a minimum of two (2) years.

The students selected for these scholarships must take advantage of the scholarship within the next year.

All applicants and letters of recommendation must be typewritten.

SELECTION PROCESS

The selection of scholarship winners shall be determined by:

1. Application. (typewritten)
2. Transcript of grades.
3. Scores for college entrance exams, if available.
4. THREE (3) letters of recommendation. (not by relatives)

Qualifications are based on:

1. Desire and need for financial assistance to further education in any field of study.
2. Citizenship in school and community.
3. Scholarship.

The final selection will be made by the Scholarship Committee.

Completed forms should be returned to:

Stark County Wrestling Scholarship Fund, Inc.
8004 Surbey Ave. N.W.
North Canton, Ohio 44720

FINAL DEADLINE no later than **March 31**

Name _____

School _____

PERSONAL

Address _____

Telephone _____

City _____

Grade Point Average _____

Wrestling Background

Father's Name _____

Father's place of employment, position held, and how long at present position.

Mother's Name _____

Mother's place of employment, position held, and how long at present position.

List all dependent children (name, age, school/work)

PERSONAL

Planned Course of study _____

To what schools have you applied, and why?

Please give an estimated total of annual expenses for each school you have applied to.

As of this date, to which schools have you been accepted?

FINANCIAL

List all financial aid (type and amount) you have applied (i.e. loans, scholarships, grants, etc.)

List all jobs you have had since entering high school including summer employment (include place, length of employment, and approx. earnings)

Are you presently working? _____ if yes, where? _____

Approximate earning _____

Other responsibilities _____

Please complete the following selection. All information will be held strictly confidential.

a. Family's total combined gross

_____	under \$30,000	\$30,000 to \$40,000	_____
_____	\$40,000 to \$50,000	\$50,000 to \$60,000	_____
_____	\$60,000 to \$70,000	\$30,000 to \$40,000	_____
		over \$70, 000	_____

- b. Briefly describe any circumstances of which the committee should be aware in order to help them make their selection (i.e. illness, medical and/or dental expenses, etc.)

Check other sources of income from which your education may be financed.

_____ Personal savings

_____ Work

_____ Help from family

_____ Wrestling scholarships

_____ Loans

_____ Other sources

ACTIVITIES, AWARDS, HONORS

Please complete the attached Supplemental Questionnaire.

Please include a paragraph briefly stating your personal and educational objectives.

I pledge that the above statements are true to the best of my knowledge.

Applicant's Signature _____

Parent's Signature _____

Coach's Signature _____

Counselor's Signature _____

Principal's Signature _____

Please include a copy of your transcript.

Please give scores for college entrance exams.

ACT _____

SAT _____

SCHOLARSHIP SUPPLEMENTAL QUESTIONNAIRE

Name _____

High School _____

1. EXTRA CURRICULAR SCHOOL ACTIVITIES

(Clubs, sports, music, art, drama, etc. Include offices held, letters won, awards)
Use separate line for each. GRADE 9 10 11 12

2. SCHOOL AWARDS FOR ACTIVITIES

(Science project awards, class offices held, honors, etc.) GRADE 9 10 11 12

3. COMMUNITY ACTIVITIES

(Church, 4-H, Scouts, Sports, etc.) GRADE 9 10 11 12

4. OTHER ACTIVITIES AND INTERESTS NOT LISTED