

METRO JUNIOR WRESTLING LEAGUE SCHOLARSHIP APPLICATION

FIRST NAME: _____

MIDDLE NAME: _____

LAST NAME: _____

DATE OF BIRTH: _____

MAILING ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

NAME OF SCHOOL CURRENTLY ATTENDING: _____

Please attach proof of spring semester enrollment. Proof must be on school letterhead.

NUMBER OF YEARS ATTENDING: _____

CURRENT GPA (grade point average): _____

Please attach to application proof of GPA. Proof must come in the form of an official school transcript or an official school report card.

NAME OF MJWL CLUB OF WHICH YOU WERE A MEMBER (if you were a member of more than one team, please list all teams):

NUMBER OF YEARS YOU WERE A MEMBER OF THE MJWL: _____

Please attach to application proof of enrollment. You may submit contact information for a former coach, board member etc.

TEAM CONTACT INFORMATION:

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