

Team Braves Wrestling Scholarship

\$500 Award

For past Team Brave Wrestlers with a minimum of two years active participation.

Name:	_____	Social Security Number:	_____
Address:	_____	Telephone Number:	_____
	_____	Date of Birth:	_____
Father:	_____	Occupation:	_____
Mother:	_____	Occupation:	_____

Inclusive dates of your Team Braves wrestling participation:

Inclusive dates of other wrestling participation:

List your competitive experience and the awards won in wrestling:

List current involvement in other youth, social, civic, school, athletic, or church groups:

Explain your career objective and ambitions:

Explain how wrestling has assisted you in progressing toward your career objective:

Name and address of institution you plan to attend:

Field of Study: _____
Have you applied? _____ **Have you been Accepted?** _____

Please attach a copy of current high school transcript and a minimum of one letter of recommendation.

I certify the information given on this application is correct. Should I be awarded a scholarship, I agree to keep in good academic standing at my institution. Failure to do so could result in the loss of this \$500 award.

Signature: _____ **Date:** _____