## **Bob Lee Memorial Wrestling Scholarship**

**DEADLINE: Friday, April 6, 2018** 

| 1. Name of applicant:   |
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|   |
| 2. Home address:  |
| Number and Street City Phone  |
| 3. Name of parent/legal guardian:   |
| 4. Class Rank:  |
| 5. 4 year Cumulative GPA:   |
| 6. Career you plan to pursue:   |
| 7. Intended major if attending college:   |
| 8. Attach a list of your:   |
| a. High school activities and clubs in which you have participated.<br>(Include offices held, if any)   |
| <ul><li>b. Community activities (scouts, church, etc.) Include leadership positions, if any.</li><li>c. Any special recognition you have received while attending high school.</li><li>d. Copy of your transcript</li></ul> |
| e. 2 letters of recommendation (1 teacher) (1 community/personal)   |
| 9. Attach an ESSAY about"What wrestling has meant to you and what it has taught you   |
| 10. Is there any further information you would like the committee to know?  |
| 11. Signature of Applicant: Date:   |