

**GREATER CLEVELAND WRESTLING COACHES & OFFICIALS ASSOCIATION
AL CARROLL SCHOLARSHIP APPLICATION
(Please Type or Print)**

NAME _____ PHONE _____

ADDRESS _____ HS Attending: _____
(STREET) (CITY) (ZIP)

PARENT /GUARDIAN NAME(S) _____

PARENT/GUARDIAN OCCUPATION(S) _____

COMBINED FAMILY INCOME _____ NUMBER IN FAMILY _____

NUMBER OF CHILDREN _____ CHILDREN AT HOME _____ NUMBER OF CHILDREN IN COLLEGE _____

APPLICANT A.C.T. SCORE _____ S.A.T. SCORE _____ CLASS RANK ____/____ G.P.A. _____

WHAT OTHER FINANCIAL AID HAVE YOU APPLIED FOR? _____

WHAT COLLEGES HAVE YOU APPLIED TO? _____

WHICH HAVE YOU BEEN ACCEPTED TO? _____

LIST OTHER ACTIVITIES INCLUDING SCHOOL, COMMUNITY, CHURCH, ETC. _____

LIST THREE CHARACTER REFERENCES OTHER THAN A COACH:

	<u>NAME</u>	<u>PHONE</u>	<u>ADDRESS</u>	<u>ZIP</u>	<u>OCCUPATION</u>
1)	_____	_____	_____	_____	_____
2)	_____	_____	_____	_____	_____
3)	_____	_____	_____	_____	_____

WE, THE UNDERSIGNED , VERIFY THAT THE ABOVE-LISTED INFORMATION IS TRUE AND HAS BEEN GIVEN TO THE BEST OF OUR KNOWLEDGE. THIS INFORMATION WILL BE USED ONLY TO EVALUATE THE APPLICANT.

Checklist of items for a COMPLETE Application. Make sure all items are checked before sending application:

- Letter of reference from Coach and/or administrator. (this must be sent separately and directly from the originator)
- Essay from applicant telling us how wrestling has affected you as a person and how wrestling in college will help you with your future endeavors. (300 words minimum).
- Coach is a member of GCWCOA.
- Attached copy of updated High School Transcript.
- This application filled out thoroughly and completely. Postmarked not later than April 1!

APPLICANT SIGNATURE

GUARDIAN SIGNATURE

**APPLICATIONS AND RECOMMENDATIONS SHOULD BE RETURNED TO:
SCHOLARSHIP COMMITTEE
9470 WOODVIEW DRIVE
MACEDONIA, OH 44056
ATTN: Mr. John Duplay**