

# The Don Ferris Scholarship Application Form

“...He called ‘em like he saw  
‘em...  
on and off the mat”



Don Ferris  
1936-1996

## Please type or print application

Name \_\_\_\_\_ School Name \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City Zip Code

Home Phone ( ) \_\_\_\_\_ Alternate Phone ( ) \_\_\_\_\_ Graduation \_\_\_\_\_

### Guardian Information

Name	Address Information	(City, Zip)
Relationship		

Guardian Occupation/Place of Employment \_\_\_\_\_

Name	Address Information	(City, Zip)	Relationship

Guardian Occupation/Place of Employment \_\_\_\_\_

Name of High School Principal \_\_\_\_\_ Overall GPA \_\_\_\_\_

Please check appropriate box(es): Son or Daughter of  Coach  Official  Policeman

Extra-curricular Activities: \_\_\_\_\_

Community Service: \_\_\_\_\_

Please attach a one-page description of the experiences in your life over the past four years. Tell what impact the sport of wrestling has had on your life, and how it has helped to make you a better person.

The signatures below indicate that the information contained herein is true and accurate to the best of our knowledge.

Applicant \_\_\_\_\_ date \_\_\_\_\_ Guarardian \_\_\_\_\_ date \_\_\_\_\_

School Administrator \_\_\_\_\_ date \_\_\_\_\_

***Application deadline is April 15th***

Mail completed application and written requirement to: Mike Antonyzyn, 26307 Lake Road, Bay Village, OH, 44140