

**DEXTER WRESTLING CLUB  
SCHOLARSHIP APPLICATION**

Application requested by: Parent/Guardian \_\_\_\_ Other (Coach, Grandparent, etc.):

Parent or Guardian \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ email \_\_\_\_\_ phone \_\_\_\_\_

NAME OF WRESTLER \_\_\_\_\_ GRADE \_\_\_\_\_

Total household's monthly income from all sources including wages, Public Assistance payments, Social Security, etc. \$ \_\_\_\_\_

Number of persons in family including student listed above \_\_\_\_\_

Does any special situation exist which makes the family expenses greater than normal?  
YES                      NO                      If answer is yes, please explain:

I hereby make application for athletic scholarship for Dexter Wrestling Club

I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I GIVE THE DEXTER WRESTLING CLUB PERMISSION TO VERIFY ANY INFORMATION NECESSARY TO VALIDATE THIS APPLICATION. I ALSO UNDERSTAND THAT IN EXCHANGE FOR THE FINANCIAL ASSISTANCE, I WILL MAKE MYSELF AVAILABLE FOR ADDITIONAL VOLUNTEER HOURS ABOVE AND BEYOND MY OBLIGATIONS TO VOLUNTEERING FOR THE TOURNAMENT. I UNDERSTAND THAT THE BOARD MAY ASK FOR MY ASSISTANCE WITH OTHER AREAS OF NEED THROUGH THE SEASON.

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

---

FOR DWC BOARD:

APPROVED \_\_\_\_ NOT APPROVED \_\_\_\_ AMOUNT APPROVED \_\_\_\_\_

Date \_\_\_\_\_ Signature of board president \_\_\_\_\_

This information is confidential and the privacy of the applicant is strictly observed.

---

TO BE RETURNED TO PARENTS:

The application for athletic scholarship is:                      Approved \_\_\_\_ Not Approved \_\_\_\_

Date \_\_\_\_\_                      Amount Approved \_\_\_\_\_

Signed \_\_\_\_\_