



SVWC SCHOLARSHIP APPLICATION PROCESS

Athlete Name: _____ Age: ____ Grade: ____

Parent Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Wrestling experience (# of years): _____

Which wrestling season are you applying for a scholarship: _____

Amount of SVWC session fee: _____

Monthly amount you feel you can afford to pay: _____

Household average net income per month (may be asked to provide proof of income): _____

Total amount of scholarship request: _____

Please answer the below questions:

Why are you applying for this wrestling scholarship; are there any extenuating circumstances?

What do you want to accomplish as an SVWC team member, both competitively and personally (athlete)?



Athlete Signature: _____

Date _____

Parent/Guardian Signature: _____

Date _____

Please return this application to the club no later than 21 days prior to the start of the Wrestling season. You may email this application to SVWCinc@gmail.com

OFFICIAL USE		
Amount of Scholarship	\$	Date:
Offer	Accepted	Declined
Reason:		

President Signature: _____

Date _____

Treasurer Signature: _____

Date _____