## NEW JERSEY WRESTLING OFFICIALS' ASSOCIATION SCHOLARSHIP APPLICATION

**INFORMATION:** The New Jersey Wrestling Officials' Association will be awarding eight (8) scholarships; one for each of the eight regions. They may be awarded to the recipients at their high school senior awards night. The

head guidance counselor or athletic director should assist individuals who may gualify for this award.

**QUALIFICATIONS:** Senior wrestlers must have demonstrated a high degree of sportsmanship, character and loyalty during their four years of high school. The student athlete will have been an outstanding representative of New Jersey wrestling both on and off the mat and have maintained at least a C+ average. They must have participated in either a minimum of two years varsity or one-year varsity after two years junior varsity.

#### **APPLICATION PROCEDURES:**

- 1. Student:
  - A. Complete the student applicant section in full. If needed add a *Resume page* listing; school & community service, other sports and any other accomplishments.
  - B. Include <u>two letters</u> of recommendation; One recommendation must come from the <u>head</u> <u>coach</u> and the other from a <u>school administrator</u>.
  - C. \* Write a short summary (250 words or less) explaining: "What Wrestling has Meant to Me!"
- 2. Have your parents/guardian complete the second section of the form.
- 3. Have your guidance counselor include a copy of your high school transcript Please include: GPA,SAT/ACT & class rank.
- 4. \*\*Return <u>all required material</u> in **ONE** envelope on or around March 28<sup>th</sup>, to the address listed below.

### **SELECTION CRITERIA:**

NJWOA Scholarship Committee reviews applications and the following criteria "ill be used:

- a. Qualities of character, leadership and sportsmanship
- b. Length and quality of service as a wrestler
- c. Scholastic achievement
- d. Financial need

### **QUESTIONS AND MAILING INFORMATION:**

Dennis DiDonato NJWOA Scholarship Committee 41 Maple Avenue Mays Landing, NJ 08330

PHONE: 609-476-4301

Complete this form (page 2) and submit required documents, ALL together on or around MARCH 28<sup>th</sup>.

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(Please type or print)

| APPLICANT  |                        |
|--|------------------------|
| Last Name First  | Social Security Number |
| Street City  | State Zip              |
| Birth Date\ Telephone Number ()                              |                        |
| High School  | \\ Graduation Date\\   |
| City   | Wrestling District     |
| Wrestling Background & Awards                                |                        |
|  |                        |
|  |                        |
| College, if accepted   |                        |
| List any other grants or scholarships you have been awarded: |                        |
|  |                        |
|  |                        |
| PARENTS/GUARDIAN   |                        |
| Father (or Guardian)   | Mother (or Guardian)   |
| Name Age   | Name Age               |
| Street   | Street                 |
| <br>  CityState Zip  | City State Zip         |
| Occupation   | Occupation             |
|  | Annual Total Income \$ |
|  |                        |
|  |                        |
|  | Use other side         |
| Date\ Parent's (Guardian's) Signature                        |                        |

COMPLETED FORMS AND OTHER DOCUMENTS SHOULD BE RECEIVED AROUND MARCH 28TH