

Aberdeen Youth Wrestling Club Scholarship Application

The Aberdeen Youth Wrestling Club was founded in the year 2013 to enhance the foundation of youth wrestling in the Aberdeen community and provide opportunities for the youth to participate and compete in the sport of wrestling.

Scholarships up to \$1000.00 per scholarship are funded annually by the Aberdeen Youth Wrestling Club established in 2013.

Eligibility

1. Scholarships are limited to Aberdeen Central High School seniors registered in a college or technical school.
2. Applicant has shown determination for classroom academic achievement.
3. Applicant has shown a dedication to the sport of wrestling in the Aberdeen wrestling program.
4. No candidate shall be denied being recipient of a scholarship on the basis of race, creed, sex, religion, national origin, or any other basis which is prohibited by Section 501 (C) (3) of The Internal Revenue Code.

Application Procedure

Applications may be picked up at the Aberdeen Public Schools Foundation Office or in the Student Services area at Aberdeen Central High School. If you would like an application emailed to you, please contact either michelle.kingsriter@k12.sd.us or gretchen.sharp@k12.sd.us

Completed applications should be returned to the CHS Student Services Office.

PLEASE NOTE: A Completed Application includes:

- **Aberdeen Youth Wrestling Club Scholarship Application**
- **High School Transcript with GPA**
- **Personal statement about applicant's career aspirations**
- **Personal statement about the impact of the sport of wrestling in their life**
- **2 Letters of Recommendation**

Application Deadline

Completed applications including the two letters of recommendation must be postmarked no later than **March 15**, or hand delivered to the CHS Student Services Office no later than 4 p.m. on March 15. Applications postmarked after this date will not be considered.

CHS Student Services Office

2200 S. Roosevelt
Aberdeen, SD 57401

ABERDEEN YOUTH WRESTLING CLUB SCHOLARSHIP APPLICATION
Student Information

1. **Name in full** _____
2. **Address** (street or box) _____
(city, state, zip code) _____
3. **Home Phone** _____ **Cell Phone** _____
4. **Email address** (optional): _____
5. **Parents'/Guardians' name(s):** _____
6. **College/University you plan to attend this fall:** _____
Address: _____
Phone Number of Financial Aid Office: _____
7. **Major** _____
Minor or area(s) of concentration _____
8. **ACT or SAT Score** _____
9. **Are you a citizen of the United States?** _____

*** Attach High School transcript with GPA.**

By signing this application, I give permission to the Aberdeen Public Schools Foundation to publicize my scholarship award if chosen as the recipient.

Applicant's Signature _____ Date _____

Scholarship awards will be sent directly to the student's chosen college/university. Recipient must provide the Aberdeen Public Schools Foundation office with verification of collegiate registration for scholarship payment.

ABERDEEN YOUTH WRESTLING CLUB SCHOLARSHIP APPLICATION
Student Information

Provide evidence of your school activity participation, community involvement, achievements, and leadership skills supporting your application:

School Activities _____

Community Activities _____

Significant honors, awards and accomplishments that you have received: _____

Leadership position and offices held: _____

ABERDEEN YOUTH WRESTLING CLUB SCHOLARSHIP APPLICATION
(Personal statement about applicant's career aspirations)

ABERDEEN YOUTH WRESTLING CLUB SCHOLARSHIP APPLICATION
(Personal statement about the impact wrestling has had on their life)

Letters of Recommendation are due to the Foundation office by April 1
Failure to receive this information by the scholarship deadline disqualifies the applying student.

ABERDEEN YOUTH WRESTLING CLUB Scholarship

% CHS Student Services

2200 S. Roosevelt

Aberdeen, SD 57401

or gretchen.sharp@k12.sd.us

ABERDEEN YOUTH WRESTLING CLUB SCHOLARSHIP APPLICATION LETTER OF RECOMMENDATION

Name of

Applicant _____

The person named above is applying for the Aberdeen Youth Wrestling Club Scholarship. A description of the characteristics and abilities of this applicant would provide supplementary information to the Scholarship Committee.

Please briefly explain, how long and in what capacity have you known the applicant?

PLEASE INDICATE BELOW, ON A SEPARATE SHEET OF PAPER, OR ON THE REVERSE OF THIS FORM, WHY YOU WOULD RECOMMEND THIS PERSON TO BE A DESERVING RECIPIENT OF THE ABERDEEN YOUTH WRESTLING CLUB SCHOLARSHIP.

Signature: _____

I can be reached at: phone_____email_____

Letters of Recommendation are due to the Foundation office by March 15
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