



WASHINGTON STATE WRESTLING COACHES ASSOCIATION GRAHAM BAKER MORIN MEMORIAL SCHOLARSHIP APPLICATION



PLEASE TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly. Application postmark deadline March 31st (Senior Year).

**FOR
SCHOLARSHIP
AMERICA
USE ONLY**

| I.D. # | AA | PD | RIC/CS | GPA | SATV | SATM | ACTE | ACTM | TOTAL |
|--------|----|----|--------|-----|------|------|------|------|-------|
| | | | | | | | | | |

**APPLICANT
DATA**

Last Name _____ First _____ Middle Initial _____
 Permanent Home Mailing Address _____ Apartment # _____
 City _____ State _____ Zip Code _____
 Telephone (_____) _____ E-mail Address _____
 Social Security Number _____ Date of Birth: Month _____ Day _____ Year _____
 Please indicate your status (For statistical purposes only): Male Female
 American Indian/Alaska Native Black/African American Native Hawaiian/Pacific Islander
 Asian Hispanic/Latino White

**PARENT
OR
GUARDIAN
INFORMATION**

Last Name _____ First _____ Middle Initial _____
 Address _____
 Relationship to Applicant _____ Day Telephone (_____) _____
 E-mail Address _____ Fax Number (_____) _____

**HIGH
SCHOOL
DATA**

School Name _____ High School Graduation Date: Month _____ Year _____
 City _____ State _____ Telephone (_____) _____

**POST-
SECONDARY
SCHOOL
DATA**

Name of post-secondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.) **Use official school names. Do not use abbreviations.**
 _____ City _____ State _____
 _____ City _____ State _____
 4 yr. College or University 2 yr. Community or Junior college
 Other, explain _____
 Year in school **next** year: _____
 Major or course of study _____ Expected college graduation date: Month _____ Year _____
 Degree sought: Bachelor Associate Other _____

If space provided in any section is inadequate, you may continue on additional sheets of paper using the same format. **DO NOT** repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

**WORK
EXPERIENCE**

Describe your work experience during the **past four years** (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate **number of hours worked** each week. List amounts earned at each job.

| Employer/Position | From - Mo/Yr | To - Mo/Yr | Hours p/week | Amount Earned |
|-------------------|--------------|------------|--------------|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**ACTIVITIES,
AWARDS AND
HONORS**

List all school activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.).
List all community activities in which you have participated without pay during the **past four years** (e.g., Boy Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held.

| Activity | No. of Years | Special Awards | Office Held | Activity | No. of Years | Special Awards | Office Held |
|----------|--------------|----------------|-------------|----------|--------------|----------------|-------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

**GOALS
AND
ASPIRATIONS**

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

**UNUSUAL
CIRCUMSTANCES**

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

**APPLICANT
APPRAISAL
(REQUIRED)**

This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a high school counselor, advisor, or an instructor who knows you well.

You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.

| | | | | |
|--|--|---|---|--|
| The applicant's choice of a post-secondary educational program is | <input type="checkbox"/> extremely appropriate | <input type="checkbox"/> very appropriate | <input type="checkbox"/> moderately appropriate | <input type="checkbox"/> inappropriate |
| The applicant's achievements reflect his/her ability | <input type="checkbox"/> extremely well | <input type="checkbox"/> very well | <input type="checkbox"/> moderately well | <input type="checkbox"/> not well |
| The applicant's ability to set realistic and attainable goals is | <input type="checkbox"/> excellent | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> poor |
| The quality of the applicant's commitment to school and/or community is | <input type="checkbox"/> extremely well | <input type="checkbox"/> very well | <input type="checkbox"/> moderately well | <input type="checkbox"/> not well |
| The applicant is able to seek, find, and use learning resources | <input type="checkbox"/> extremely well | <input type="checkbox"/> very well | <input type="checkbox"/> moderately well | <input type="checkbox"/> not well |
| The applicant demonstrates curiosity and initiative | <input type="checkbox"/> extremely well | <input type="checkbox"/> very well | <input type="checkbox"/> moderately well | <input type="checkbox"/> not well |
| The applicant demonstrates good problem-solving skills, follows through, and completes tasks | <input type="checkbox"/> extremely well | <input type="checkbox"/> very well | <input type="checkbox"/> moderately well | <input type="checkbox"/> not well |
| The applicant's respect for self and others is | <input type="checkbox"/> excellent | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> poor |

Comments:

Appraiser's Name _____

Title _____ Telephone (_____) _____

Signature _____

Organization _____ Date _____

TRANSCRIPT INFORMATION

All applicants **must** include a high school transcript of grades and have this section completed by the appropriate school official. (A clear explanation of the school's grading scale must also be submitted.)

| | | | | | | | | |
|--|--------------------------------|--|--------|------|--------|------|---------|------|
| Applicant ranks _____ in a class of _____ | Cumulative Grade Point Average | | PSAT | | SAT 1 | | ACT | |
| | Weighted: _____/4.0 scale | | Verbal | Math | Verbal | Math | English | Math |
| | Unweighted: _____/4.0 scale | | | | | | | |

School Official's
 Signature _____ Date _____ Title _____ Telephone (_____) _____
 School Official's
 Address: Street _____ City _____ State _____ Zip _____

APPLICANT ESSAY

All applicants must include an essay demonstrating their leadership, scholastic, and sportsmanship qualities. The essay should be no longer than two 8 1/2" x 11" pages, doublespaced, typewritten using font size 12. Applicants should also include a minimum of 3 reference letters. Reference letters shall be no longer than one 8 1/2" x 11" page. The reference letters can be from a high school freestyle coach, or other sports coach, a teacher, teammate, family friend, or other appropriate reference source.

APPLICATION CHECKLIST

The student is responsible for submitting all materials to Scholarship America on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when Scholarship America has received all of the following materials:

- Student Application
- Current Transcript(s) of Grades (including grading scale)
On-line transcripts are not acceptable
- Three Reference Letters
- Applicant Essay

All materials, including transcript, must be addressed to:
 WSWCA/Graham Baker Morin Memorial Scholarship Program
 Scholarship America
 One Scholarship Way
 Saint Peter, MN 56082

CERTIFICATION

Scholarship America has the sole responsibility for selecting recipients based on criteria as set forth in the program's descriptive brochure. This application becomes the property of Scholarship America. (It is recommended that you keep a copy for your files.)

I acknowledge decisions of Scholarship America are final. I certify that I meet the basic eligibility requirements of the program as described in the brochure and that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to provide proof of information I have given on this form. Falsification of information may result in termination of any scholarship granted.

Applicant's Signature _____ Date _____

Parent's Signature _____ Date _____