



**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

ID #	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 _____ Date of Birth: Month _____ Day _____ Year _____
 E-mail Address _____
 Please indicate your status (For statistical purposes only): [] Male [] Female
 [] American Indian/Alaska Native [] Black/African American [] Native Hawaiian/Pacific Islander
 [] Asian [] Hispanic/Latina [] White

PARENT

Last Name _____ First _____ Middle Initial _____

OR
GUARDIAN
INFORMATION

Address _____
 Relationship to Applicant _____ Day Telephone (_____) _____
 E-mail Address (Required for Notification) _____

HIGH
SCHOOL
DATA

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

POST-
SECONDARY

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.

SCHOOL
DATA

Name _____ City _____ State _____
 Name _____ City _____ State _____
 [] 4 yr. College or University [] 2 yr. Community or Junior college _____
 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

Describe your work experience during the past four years (e.g., food server, babysitting, lawn mowing, office work). Indicate

EXPERIENCE

dates of employment for each job and approximate number of hours worked each week. List if you were paid at each job.

Employer/Position	From- Mo/Yr	To - Mo/Yr	Hours p/wk	Paid or volunteered?

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

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

AND
ASPIRATIONS

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)

To the **Applicant**: 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 or advisor, an instructor, or a work supervisor who knows you well.

To the **Adult Appraiser**: 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 _____
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Cumulative Grade Point Average Weighted: _____/4.0 scale Unweighted: _____/4.0 scale

PSAT	
VERBAL	MATH

SAT		
CRITICAL READING	MATH	WRITING

ACT				
ENGLISH	MATH	READING	SCIENCE	COMPOSITE

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, double-spaced, 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. Include a separate one-page summary sheet specific to wrestling I athletic accomplishments.

**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
- Wrestling/Athletic Accomplishments

All Materials, including transcript, must be addressed to:
 WSWCA/Graham Baker Morin Memorial Scholarship Program
 Scholarship America
 One Scholarship Way
 St Peter, MN 56802

CERTIFICATION

Scholarship America and Washington State Wrestling Coaches Association have the responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of Scholarship America. (it is recommended that you keep a copy for your files.)

I acknowledge decisions are final. I certify that I meet basic eligibility requirements of the program as described in the guidelines and that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to provide proof of information including an official transcript of grades. Falsification of information may result in termination of any scholarship granted.

Applicant's Signature _____ Date _____

Parent's Signature _____ Date _____

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