BROKEN BOW WRESTLING CLUB SCHOLARSHIP

To: Graduating Seniors of Broken Bow High School

(Please type)

APPLICANT: _____
(First) (Middle) (Last)

This applicant ranks _____ among ____BBHS Seniors.
This applicant's grade point average is currently _____.

ADDRESS: _____

_____

Parent(s) or Guardian: _____

In the space below, please summarize your school, community and church activities, and accomplishments. Please list organizations you are a member of and offices held. Please feel free to attach an additional page if needed.

Plans following high school graduation: (Circle one)

Work ☐ **Military** ☐ **2 year School** ☐ **4 year School** ☐ **Career School** ☐

In the space below, please describe your educational plans. (Feel free to attach an additional page)

Deadline: This form must be returned to the Guidance Counselor's office on or before March 15. Please attach a letter of recommendation from someone not associated with the Broken Bow Wrestling Program.