

MCWC Gibby Bruant Memorial Academic Scholarship Application

First Name _____ Middle Initial: _____ Last Name: _____

Application Date: _____ Scholarship will be for academic year: _____

Year of Graduation: _____ High School Seasons Participated in wrestling: (circle) FR SO JR SR

Parent/Guardian: _____

Address: _____

email Address: _____

Living with: (check one) Both Parents Mother Father Other: _____

Father's Occupation: _____ Employed by: _____

Mother's Occupation: _____ Employed by: _____

Approximate annual family income: _____

List family dependents: (specify school or college attending if applicable)

Name	Age	School and Grade	Year in School		Parents Help with Education Expenses (All, 1/2, Some, None)

Name of college or post secondary school in which you will be enrolled in next year: _____

Planned Major: _____ Length of Program: _____

What will it cost to attend school for one year? _____

List your most personally significant school and community activities (top five) while in high school or college.

Activities/Clubs: _____

Sports: _____

Describe your contribution to the Windjammer Booster or Mid-Coast Wrestling Clubs:

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Work Experience:

Employer _____

Job Title: _____

Location: _____

Year(s) Active _____

Work Experience:

Employer _____

Job Title: _____

Location: _____

Year(s) Active _____

Attachments: Please attach the following to your packet:

Essay question 1

1. Using an attached sheet write a personal statement in 300 words or less as to why you should be considered for a Mid-Coast Wrestling Club Academic Scholarship. Please include your wrestling experiences, your achievements, the impact your involvement with the program has brought to you, and your academic and career goals.

2. Two letters of recommendation from adults other than from relatives.

3. Current college or high school transcript.

Please return the packet by April 1st of the year before the academic year for which you are applying for the scholarship

to Stacy Parra, 105 Greenacre Rd, Lincolnville, ME 04849

The statements in this application are true and to the best of my knowledge and belief.

Date: _____ Applicant's Signature _____

Date: _____ Parent's Signature _____

NOTE: Scholarship will be paid by MCWC directly to college or university towards the second semester bill on receipt of first semester transcript.