

WGA SCHOLARSHIP

To be considered for the Wrightstown Gridiron Association Scholarship the applicant must satisfy the following criteria:

* **Must be a graduating senior and have participated on the Wrightstown High School football team for four years**
* **Complete the *Wrightstown Gridiron Association Scholarship* application**
* **Obtain two typed letters of recommendation: there must be one educational recommendation and one non-educational recommendation**
* **Attach a one page typed essay detailing the reason for choosing your field of study and how you feel the WGA Scholarship would benefit you**
* **Attach a typed listing of your community involvement (volunteer, service, church, etc.)**

Upon completion of the above criteria, the applicant must return the application, all recommendations and their essay, in a sealed business size envelope to the school counseling office by April 30th. Please label the envelope with your name and Wrightstown Gridiron Association Scholarship. Absolutely no late entries accepted.

The successful applicants (up to 3 annually) shall be awarded a $750 scholarship by the *Wrightstown Gridiron Association* board of directors. The check will be sent directly to the recipient after proof of at least a “C” average in their first semester of a qualifying degree program and enrollment into the second semester.

Sincerely,

Wrightstown Gridiron Association



WGA SCHOLARSHIP

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LAST NAME FIRST NAME MIDDLE INITIAL DATE OF BIRTH

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ADDRESS CITY STATE AND ZIP CODE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FATHER'S NAME (OR GUARDIAN) HOME PHONE BUSINESS PHONE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOTHER'S NAME (OR GUARDIAN) HOME PHONE BUSINESS PHONE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL ATTENDING PROPOSED FIELD OF STUDY /DEGREE HIGH SCHOOL GPA

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YEAR(S) PARTICIPATED IN TIGER FOOTBALL (i.e.: 2015-2018) and AWARDS RECEIVED

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT SIGNATURE DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT SIGNATURE (OR GUARDIAN) DATE



WGA SCHOLARSHIP

**RECOMMENDATION** FORM

Name of the Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person Submitting Recommendation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This recommendation is: (please check one of the following)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Non-educational |  | Educational |

Please describe, in detail(typed), why you are recommending this person for the Wrightstown Gridiron Association Scholarship.



WGA SCHOLARSHIP

**RECOMMENDATION** FORM

Name of the Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person Submitting Recommendation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This recommendation is: (please check one of the following)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Non-educational |  | Educational |

Please describe, in detail(typed), why you are recommending this person for the Wrightstown Gridiron Association Scholarship.