



2018 BHS Wrestling - Scholarship Application

Name:	
(Last Name)	(First Name)
Address:	(City)
(Street)	(City)
Phone:	Birth Date:
GPA:	Class Rank:
Number of years involved in th	e Bettendorf Wrestling program:
Check which scholarship you a	re applying for (Wrestlers may apply for both):
Steve Bellig Memorial	Scholarship
(Two scholarships awar	ded to BHS wrestlers that plan to wrestle collegiately)
Linda Schoenfelder Me	amorial Scholarshin
	ded to anyone that has been involved with the Bett Wrestling program)
*** Return scholarship ap	oplication to the BHS Guidance Office by March 30, 2018 ***
Narrative: Please attach a one	page statement which includes the following:
	nent has been with the Bettendorf Wrestling program.
-	ed/learned from your involvement with the Bettendorf Wrestling program.
, -	will continue with wrestling after high school.
•	nical school you plan to attend and your planned course of study.
Verification:	
	selor:
Signature of their solitor count	
Signature of Parent:	
Signature of Applicants	