

## Jake Schertz Academic Wrestling Scholarship

- **Amount:**
  - Their will be a minimum of \$1,000 paid out and a minimum of one recipient from qualifying applicants.
  
- **Who - Who may apply for this scholarship? Who is eligible?**
  - high school wrestling seniors at Wicomico High School (for 2017 and 2018 graduating seniors)
  - high school wrestling seniors at any Wicomico County High School (from 2019 or greater - graduating seniors)
  - Applicants must have a minimum (weighted) GPA of 3.5 and plan to attend a 2 or 4 year college or technical school
  
- **What - What must the person do to apply?**
  - Submit a typed double spaced essay of at least 500 words but not more than 750 words on "what wrestling has taught you and how it will help prepare you for your future".
  - Complete the following application
  - Submit at least (2) reference letters; one from coach or active members of the Delmarva Wrestling community, and one from educator - preferably in related field of choice.
  - Applicants must have the endorsement of their Guidance Counselor on their application attesting they are a qualified fit for this scholarship program
  
- **Application is Due: No later than April 1st of the current school year**
  - **The applicants will be reviewed and the winners will be decided by the parents of Jake Schertz, with input from the current wrestling coach of Wicomico High School, and another active member of the Delmarva wrestling community chosen by the family of Jake Schertz (The family reserves the right to change the decision makers or broaden the area of eligibility in the future)**
  
- **The winners will be announced at the winner's school on senior awards night by a member of the Schertz family.**
  - Payment will be made to the scholarship winner.

## Jake Schertz Academic Wrestling Scholarship Application 2017

Date of Application:

Please <b>type</b> or <b>print</b> your answers. If application is illegible it will be returned to you.				
1.	Last Name:	First Name:		
2.	Mailing Address:			
	Street _____			
	City:	State:	ZIP:	
3.	Daytime Telephone Number: (     ) _____			
4.	Date of Birth:   Month	Day	Year	
5.	Current High School:			Number of years attended:
6.	I hopefully will be attending the following school in the <u>Fall of 2017</u> :			
	_____			
7.	Grade Point Average (GPA): _____ (On a 4.0 scale) Attach proof of GPA. Your most recent <b>official</b> school transcript required.			
8.	Have you taken the:			
	ACT exam?   Yes   No   Score: _____ If no, when do you plan to take it? _____			
	SAT exam?   Yes   No   Score: _____ If no, when do you plan to take it? _____			
9.	Name & address of parent(s) or legal guardian(s): Use reverse side of application if you need more space.			
	Name (s) _____			
	Street: _____ City: _____ State: _____			
	ZIP: _____			
	Home phone of parents or legal guardians: _____			
10.	Name and city of other high schools attended:			Number of years attended:
11.	List the name of any college you have attended.	Year Began	Year Ended	Type of Degree Received (If applicable)
	A.			
	B.			
12.	What specialty/major do you plan to major in as you continue your education?			

13.	List your academic honors, awards and membership activities while in high school:
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14.	List your community service activities, hobbies, outside interests, and extracurricular activities:
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15.	<p>A. The following items must be attached to this application in order for the application to qualify to be reviewed by the scholarship committee.</p> <p>B. Your application will not be considered if these items are not attached to this application. (No exceptions.)</p> <p>C. Circle "YES" or "NO" to be sure you have attached each item as required.</p>	
	YES	NO
	YES	NO
	YES	NO
	YES	NO

**Completed application.** All questions are answered completely.

**At Least Two (2) Letters of Recommendation.**

**Most recent official high school transcripts.** Photocopies of your transcript are **acceptable**, if transcript is signed by a guidance counselor or principal.

**Personal Essay.**

### STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Foundation's scholarship program.

Signature of scholarship applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of applicant's guardian/ parent: \_\_\_\_\_ Date: \_\_\_\_\_

