



Durango Youth Wrestling Club

SCHOLARSHIP APPLICATION FORM

Parents Name(s): _____

Child's Name and Age: _____

Address: _____

Phone and Email: _____

School Your Child Attends: _____

Please fill out the following information to help us determine scholarship opportunities:

1. Do you qualify for free or reduced lunches?
2. Are you a one income family?
3. Do you need assistance with the Club Membership fee of \$56 (first Child \$46 thereafter), please explain?
4. Do you need assistance with the weekly wrestling match fees (\$8 per child)?
5. Does your child participate in any other after school activities?
6. Has your child expressed an interest or special desire to participate in Youth Wrestling?

7. If you were to receive a partial scholarship, would you be able to cover some of the cost?

8. Is there anything else you would like us to know about you or your child?

