



**WASHINGTON STATE WRESTLING COACHES ASSOCIATION  
GRAHAM BAKER MORIN MEMORIAL SCHOLARSHIP APPLICATION**



**PLEASE TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES**

**Completeness and neatness ensure your application will be reviewed properly Application postmark deadline March 31st (Senior Year).**

**FOR  
SCHOLARSHIP  
AMERICA  
USE ONLY**

I.D. #	AA	PD	RIC/CS	GPA	SATV	SATM	ACTE	ACTM	TOTAL

**APPLICANT  
DATA**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Permanent Home \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Apartment # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone (\_\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Please indicate your status (For statistical purposes only):     Male     Female  
 American Indian/Alaska Native                       Black/African American                       Native Hawaiian/Pacific Islander  
 Asian     Hispanic/Latino     White

**PARENT  
OR  
GUARDIAN  
INFORMATION**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Address \_\_\_\_\_  
 Relationship to Applicant \_\_\_\_\_ Day Telephone (\_\_\_\_\_) \_\_\_\_\_  
 E-mail Address \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_

**HIGH  
SCHOOL  
DATA**

School Name \_\_\_\_\_ High School Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

**POST-  
SECONDARY  
SCHOOL  
DATA**

Name of post-secondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.) **Use official school names. Do not use abbreviations.**  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 4 yr. College or University                       2 yr. Community or Junior college  
 Other, explain \_\_\_\_\_  
 Year in school **next** year:    1  
 Major or course of study \_\_\_\_\_ Expected college graduation date: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Degree sought:     Bachelor  Associate  Other \_\_\_\_\_

If space provided in any section is inadequate, you may continue on additional sheets of paper using the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

**WORK  
EXPERIENCE**

Describe your work experience during the **past four years** (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate **number of hours worked** each week. List amounts earned at each job.

Employer/Position	From - Mo/Yr	To - Mo/Yr	Hours p/week	Amount Earned

**ACTIVITIES,  
AWARDS AND  
HONORS**

List all school activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.)  
List all community activities in which you have participated without pay during the **past four years** (e.g., Boy Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held.

Activity	No. of Years	Special Awards	Office Held	Activity	No. of Years	Special Awards	Office Held

**GOALS  
AND  
ASPIRATIONS**

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**UNUSUAL  
CIRCUMSTANCES**

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPLICANT  
APPRAISAL  
(REQUIRED)**

**To the Applicant:** This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a high school counselor or advisor, an instructor, or a work supervisor who knows you well.

**To the Adult Appraiser:** You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.

The applicant's choice of a post-secondary educational program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments:

\_\_\_\_\_

\_\_\_\_\_

Appraiser's Name \_\_\_\_\_

Title \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_

Organization \_\_\_\_\_ Date \_\_\_\_\_

**TRANSCRIPT INFORMATION**

All applicants **must** include a high school transcript of grades and have this section completed by the appropriate school official. ( A clear explanation of the school's grading scale must also be submitted.)

Applicant ranks _____ in a class of _____	Cumulative Grade Point Average	PSAT		SAT 1		ACT	
	Weighted: _____/4.0 scale	Verbal	Math	Verbal	Math	English	Math
	Unweighted: _____/4.0 scale						

School Official's  
Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_  
School Official's  
Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**APPLICANT ESSAY**

All applicants must include an essay demonstrating their leadership, scholastic, and sportsmanship qualities. The essay should be no longer than two 8 1/2" x 11" pages, double-spaced, typewritten using font size 12. Applicants should also include a minimum of 3 reference letters. Reference letters shall be no longer than one 8 1/2" x 11" page. The reference letters can be from a high school freestyle coach, or other sports coach, a teacher, teammate, family friend, or other appropriate reference source. Include a separate one-page summary sheet specific to wrestling / athletic accomplishments.

**APPLICATION CHECKLIST**

The student is responsible for submitting all materials to Scholarship Management Services on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when Scholarship Management Services has received all of the following materials:

- Student Application
- Current Transcript(s) of Grades (including grading scale)  
On-line transcripts are not acceptable
- Three Reference Letters
- Applicant Essay
- Wrestling / Athletic Accomplishments

All materials, including transcript, must be addressed to:  
WSWCA/Graham Baker Morin Memorial Scholarship Program  
Scholarship Management Services  
One Scholarship Way  
Saint Peter, MN 56082

**CERTIFICATION**

Scholarship Management Services and Washington State Wrestling Coaches Association have the responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of Scholarship Management Services. (It is recommended that you keep a copy for your files.)

*I acknowledge decisions are final. I certify that I meet the basic eligibility requirements of the program as described in the guidelines and that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to provide proof of information including an official transcript of grades. Falsification of information may result in termination of any scholarship granted.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_