**2024-25**

SANDERS WRESTLING SCHOLARSHIP

**Application for the Graduating Class of 2025**

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**PLEASE READ THOROUGHLY BEFORE SUBMITTING**

*The information provided in this application must be accurate and authentically represent your activities and accomplishments. If any inaccuracies are found in the application, the applicant may receive a reduced scholarship award or may have their application disqualified. This determination will be made at the discretion of the Sanders Wrestling Scholarship Committee.*

SANDERS WRESTLING SCHOLARSHIP**:** This scholarship program is available to all Wabasha-Kellogg, Alma, and Pepin School Districts students who have participated in the WKAP wrestling program and are planning to pursue post-secondary education after graduation. It is open to students attending a college, university, community college, technical school, or trade school. Ron Sanders and his family have been significantly involved in the wrestling program at Wabasha-Kellogg School for many years and have made invaluable contributions to the sport, athletes, coaches and parents. Ron, who served as a teacher at WK, is a strong advocate for education. The Sanders Wrestling Scholarship will award $500 to a graduating senior wrestler.

Scholarships will be applied to your tuition for the second semester of your program.

**AFFIDAVIT**

**All the information provided in this application is complete and true to the best of my knowledge. Falsification of any information may result in forfeiture or reduction of scholarship amount. This decision will be at the discretion of the Sanders Wrestling Scholarship Committee**

**⃞** The attached essay(s) are my own work

**⃞** Sanders Wrestling Scholarship Committee has permission to contact the Wabasha-Kellogg, Alma or Pepin School District, employer, volunteer and club/organizations and my postsecondary institution to verify any of the information.

**⃞** Sanders Wrestling Scholarship Committee has permission to use my name, amount of award, name of postsecondary institution, and anticipated major on social media, website and press releases, public announcements, and promotional materials related to the Sanders Wrestling Scholarship and the Wabasha-Kellogg, Alma and Pepin School Districts.

**⃞** In accordance with the Sanders Wrestling Scholarship policy, to qualify for scholarships, applicants must be a resident of the Wabasha-Kellogg School District, Alma School District, or Pepin School District. Award determination will be made by the Sanders Wrestling Scholarship Committee.

**⃞** I will have completed a minimum of four (4) classes taught by a Wabasha-Kellogg, Alma or Pepin School District staff member each semester of my senior year.

**⃞** If graduation requirements are not fulfilled as of the commencement date, I understand that I will forfeit any Sanders Wrestling Scholarship funds.

**⃞** If the essay portion of this application is not completed, I understand that I am not eligible for a scholarship in any amount.

Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Parent or Legal Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application Completion: Print the entire completed application. Sign and date the application and submit the entire completed application by April 17, 2025 by 3:00 pm**

**APPLICANT INFORMATION Complete the scholarship application in its entirety. All applications must be turned into the Wabasha-Kellogg, Alma, or Pepin School Counselor by the deadline of April 17, 2025 by 3:00 pm. No exceptions. Applications that are submitted on time and fully completed will be considered.**

Full Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your Personal Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your High School Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your Personal Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent(s)/Guardian(s) Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPE OF POST-SECONDARY SCHOOL (Please check one option):

\_\_\_ 4 YEAR COLLEGE/UNIVERSITY

\_\_\_ COMMUNITY COLLEGE

\_\_\_ TECHNICAL COLLEGE

Name of Higher Education Institution You Plan to Attend:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major/Field of Study you Plan to Pursue:

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

How many years have you been involved in the WKAP Wrestling program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years

What grade levels did you participate in wrestling?

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

**PERSONAL STATEMENT - REQUIRED**

**BE SPECIFIC IN A MINIMUM OF 200 WORDS**

**Please address the following topics in your statement:**

Wrestling is more than just a sport; it is a discipline that promotes character development and resilience. As you prepare your scholarship statement, please reflect on how your experiences in wrestling have contributed to your personal growth and future goals. Consider your years of participation and the impact wrestling has had on your character. Additionally, think about your aspirations following graduation.

**UNUSUAL CIRCUMSTANCES - OPTIONAL FOR THE APPLICANT** Only complete this section if you have any unusual circumstance that may have prevented participation in extracurricular activities. This may be a personal illness, family death, recent divorce within the family, and/or an unexpected physical impairment. If not applicable, please leave blank.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_