



2026-2027

SCHOLARSHIP APPLICATION

Applicants Information:

Full Name:

Address:

Level of wrestling: Youth Middle School High School

Years of wrestling: 0-2 3-5 5+

Club or Organization you wrestle for

Scholarship Information:

Type of Scholarship: Entry Fee Travel Food Equipment

Amount Requested:

Event Name:

Date of Event:

Website for Event:

Have you asked your club or organization for assistance? Yes No

Why should WPWA honor your scholarship request?

Applicants Signature:

Date:

Parent or Guardians Signature:

Date:

(If applicant is under the age of 18)