

SCOTT R. SMITH MEMORIAL SCHOLARSHIP

Value: Minimum of \$500.00 given as a one-year scholarship.

Purpose: This scholarship will be awarded to assist a student in furthering his/her education.

This scholarship will be awarded on the basis of character, participation, vocational or academic potential, future plans and interests, and wrestling continuation in college.

Academic achievement shall not be a major consideration in selecting the recipient of this scholarship.

The scholarship will be awarded at graduation to any graduating senior of a Colorado high school in the manner described below:

1. Upon making application, any Wray High School wrestler or wrestlers who are going on to college and who are going to wrestle in college, will have first priority. (If there is more than one qualified applicant, the scholarship will be divided accordingly.)
2. Upon making application, and if no Wray High School wrestler is going to wrestle in college, then the scholarship is open to any wrestler in the State of Colorado.

GUIDELINES

1. Scholarship forms are to be completed by the applicant and returned to the address below.
2. A completed application should contain the following:
 - a. Application form (completed by the student)
 - b. Rank and size of applicant's graduating class
 - c. Transcript of high school courses and grades
 - d. Two letters of recommendation - one from your wrestling coach and one from someone not involved in the applicant's formal education.
 - e. A letter from the student discussing his/her future plans. Discuss any special circumstances and why this scholarship would be helpful to you. (This should not be longer than one 8 ½ X 11 sheet of paper.) Please type the letter.
3. Please return this material stapled together to the address below:

Scott R. Smith Memorial Scholarship Committee
% Robert C. or Marilyn M. Smith
406 Heidie Lane
Milliken, CO 80543
4. Application deadline is April 15 of each given year.

(Please feel free to duplicate this material as needed.)

SCOTT R. SMITH MEMORIAL SCHOLARSHIP APPLICATION FORM

PLEASE PRINT CLEARLY OR TYPE

Name

Last	First	Middle
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Address

Street or P.O. Box	City	State	Zip
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Telephone Number _____

High School presently attending

Name and Address of school you plan to attend:

Field of Study or College Major _____

Name of two (2) individuals whom you have asked to write letter of
recommendation

Name	Address
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Name	Address
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List and explain, where necessary, academic, extracurricular and/or
community activities in which you have participated or are currently
participating. List only those for the past four (4) years. Attach an
extra sheet if necessary.

List any honors and awards you have received in the last four (4) years. Attach an extra sheet if necessary.

Signature of Applicant _____

Date of application _____