

# Wisconsin High School Gymnastics Association



## Senior Scholarship Application

2023 – 2024 Season

### General Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

High School: \_\_\_\_\_  
*School Name*

\_\_\_\_\_  
*Head Coach Email*

\_\_\_\_\_  
*Athletic Director Email*

\_\_\_\_\_  
*Guidance Counselor Email*

### Scholarship Requirements

Please review the following requirements and submit all documentation in order to be considered for the scholarship award.

Must be a 12<sup>th</sup> Grade student in good standing with present school. Records will be verified by the Athletic Director, Principal, Coach, and scholarship selection committee.

Must have good sportsmanship as demonstrated by attitude towards team members, coaches, equipment, officials, spectators, and community. Must not have any athletic code violations.

Must plan to enroll in an institution of higher learning within eight months of graduation.

Must have a gymnastics coach in good membership standing with the WHSGA.

Host school must provide a minimum of \$100 donation to WHSGA. If mailed, this is to be postmarked **no later than FEB 21, 2024**. Donation may also be delivered in person at the banquet on **FEB 29, 2024**. Funds may come from any combination of sources – (school, fundraising, etc.)

Must submit all documentation in PDF format to **[scholarship@whsga.org](mailto:scholarship@whsga.org)**  
Checks may be sent to WHSGA c/o Kali Knower | 1001 McHugh Road | Holmen, WI 54636

**APPLICATION DEADLINE: FEB 21, 2024**

#### REQUIRED DOCUMENTS

1. THIS DOCUMENT: (signed by you)
2. CURRENT TRANSCRIPT: (through semester 1)
3. GYMNASTICS RESUMÉ: (one page: years as competitor, JV or Varsity, honors, volunteer work related to gymnastics)
4. ESSAY: (maximum three pages)
  - a. Short Autobiography (Ideas include: describe career, greatest achievement, biggest disappointment, favorite memory of high school gymnastics, greatest lesson learned from high school gymnastics.)
  - b. Future Plans and Goals (How will you continue to support gymnastics?)
5. SENIOR PICTURE

**Applicant Understanding**

I understand that if I am awarded this scholarship that I must be attending an institution of higher learning within eight months of graduation. I have submitted the required information to the best of my ability and further understand that all documentation must be received on time. Fill out the name and address of the institution to which you are committed or select **Undecided** below.

Institution: \_\_\_\_\_  
*School Name*

\_\_\_\_\_ *Street Address*

\_\_\_\_\_ *City* \_\_\_\_\_ *State*

\_\_\_\_\_ *Zip Code*

Undecided: \_\_\_\_\_ *Place X* I am not currently committed to an institution at this time and understand that if I am chosen for this scholarship, I will forward the name and address of the institution at the time of my selection.

I understand that, if awarded the scholarship, a one-time payment will be made directly to the registrar of my enrolled institution and it is my responsibility to inform WHSGA of any changes.

I further understand that if I fail to enroll in an institution of higher learning within the defined period, I will forfeit the award.

\_\_\_\_\_ *Signature* \_\_\_\_\_ *Date*