



2022 FCA GIRLS WRESTLING GA SCHOLARSHIP REQUEST FORM

Camper's Name: _____

Parent's Name: _____

Address: _____

Home Phone: _____

Office Phone: _____

School: _____

Grade: _____

1. What scholarship amount do you feel you need to attend camp?

2. Have you attended a FCA Camp in the past? Have you received an FCA scholarship before? If so, what year(s)?

3. Parents combined gross income for previous year: (Please check appropriate box)

Under \$20,000

\$35-50,000

Above & 75,000

\$20-35,000

\$50-75,000

4. Other Siblings and ages:

5. Do you have a FCA Huddle at your school? If so, are you actively involved and who is your leader?

6. How did you hear about FCA Girls Wrestling Camp?

Signature: _____

Date: _____

Please Complete and mail to FCA Wrestling - Georgia

Attn: Lisa Hankins FCA Girls Wrestling GA

P.O. Box 1510

Oakwood, GA 30566