



FCA WRESTLING GA SCHOLARSHIP REQUEST FORM

Camper's Name: _____

Parent's Name: _____

Address: _____

Home Phone: _____

Office Phone: _____

School: _____

Grade: _____

1. **What camps are you interested in attending? Main Sport?**

2. **What scholarship amount do you feel you need in order to attend camp?**

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

4. **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

5. **Other Siblings and ages:**

6. **Do you have a FCA Huddle at your school? If so, are you actively involved?**

7. **How did you hear about FCA Wrestling Camp?**

Signature: _____

Date: _____

Please Complete and mail to FCA Wrestling - Georgia

Attn: FCA Wrestling GA

P.O. Box 1510

Oakwood, GA 30566