



FCA GIRLS WRESTLING GA SCHOLARSHIP REQUEST FORM

Camper's Name: _____

Parent's Name: _____

Address: _____

Email: _____

Phone: _____ **Other Phone:** _____

School: _____ **Coach:** _____ **Grade:** _____

1. Scholarships are given based on availability. Only partial scholarships are available at the time. 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. Do you have a FCA Huddle at your school? If so, are you actively involved and who is your leader?

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

Signature: _____

Date: _____

**If you are not contacted within 2 weeks of your mailed request,
please email Lisa Hankins @lhankins@fca.org**

Please Complete and mail to:
FCA Girls Wrestling - Georgia
Attn: Lisa Hankins
P.O. Box 1510
Oakwood, GA 30566

