

GIRLS WRESTLING FCA

2026 FCA WRESTLING GA SCHOLARSHIP REQUEST FORM

Camper's Name: _____

Parent's Name: _____

Address: _____

Home Phone: _____ Office Phone: _____

School: _____ Grade: _____

1. Partial Scholarships are given based on availability.

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

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 Girls Wrestling Camp?

Signature: _____

Date: _____

Please Complete and mail to FCA Wrestling - Georgia

**Attn: FCA Wrestling GA
615 Holyrood Way
Johns Creek, GA 3002**

or

**Email to:
tramos@fca.org**

