



**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 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](mailto:tramos@fca.org)

