

The Don Ferris Scholarship Application Form

*"...He called 'em
like he saw em...
on and off the
mat"*



**Don Ferris
1936-1996**

Please type or print application

Name _____ School Name: _____

Home Address _____
Street City Zip Code

Home Phone () _____ Alternate Phone () _____ Graduation _____

Guardian A Information

Name Address Information (City, Zip) Relationship

Guardian A Occupation/Place of Employment _____

Guardian B Information

Name Address Information (City, Zip) Relationship

Guardian B Occupation/Place of Employment _____

Name of High School Principal _____ Overall GPA _____

Check appropriate box(es)

Son or Daughter of:

Coach

Official

Policeman

Extra-curricular Activities: _____

Community Service: _____

Please attach a one-page description of the experiences in your life over the past four years. Tell what impact the sport of wrestling has had on your life, and how it has helped to make you a better person.

The signatures below indicate that the information contained herein is true and accurate to the best of our knowledge.

Applicant _____ date _____ Guarardian _____ date _____

School Administrator _____ date _____

Application deadline is April 15th

Mail completed application and written requirement to: Mike Antonyzyn, 25570 Lake Road, Bay Village, OH, 44140