# THE SAMUEL F. MCCOLLUM, Jr. MEMORIAL SCHOLARSHIP FUND

### ALL APPLICATIONS MUST BE SUBMITTED TO: The Ralph & Lucille Schey Foundation P.O. Box 446 Gates Mills, OH 44040

The Samuel F. McCollum Jr. Memorial Scholarship Fund

#### **Application Form**

#### **Section A**

Name of Applicant (Last, First, middle initial):			
ADDRESS:			
PHONE NUMBE	R: Daytime:		_
	Nighttime:		_
E-MAIL:			
Social Security N	ımher:		

## **Section B**

Name of High School graduated:	
Address of High School graduated:	
Date of High School graduated:	
High School grade point average (GPA): Attach trans	cript to application:
List all clubs, athletics, and extra curricular activities:	
<u>ACTIVITY</u>	<u>DATES</u>
List all achievements/awards/honors received:	
ACHIEVEMENT/AWARDS	<u>DATES</u>

	<u>ACTIVITY</u>	<u>DATES</u>
	ler of priority the colleges/univeried or intend to apply.	rsities/trade schools to which you
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We request that you compose an essay not to exceed 2 type written pages to address the following questions in order for the Foundation to adequately evaluate your application:

- 1. What are your educational goals (i.e. type of degree) and what are your academic and/or vocational interests?
- 2. What are your tentative plans after you complete your college/trade school education?
- 3. What are plans and commitments for the future that are not already addressed?
- 4. Why did you choose the sport of wrestling?
- 5. How has wrestling affected you as a student?
- 6. Who have been your mentors and how have they helped you?

Attach two recommendations (no more than one page). Recommendations can come from parents or other relatives, teachers or employers.