

**SGP WRESTLING BOOSTER CLUB  
SENIOR SCHOLARSHIP APPLICATION**  
(ATTACH PROOF OF REGISTRATION OR SCHEDULE)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

NUMBER OF YEARS WRESTLED FOR SGPHS: \_\_\_\_\_

COLLEGE/UNIVERSITY: \_\_\_\_\_

**SUBMIT APPLICATION TO:**

JOSIE MOLINAR IN THE NURSES OFFICE

OR

MAIL TO:

TRACY LUTTRELL  
17200 WESTGROVE DR. #2425  
ADDISON TX 75001