

THE JOHN L. COHILL II SCHOLARSHIP APPLICATION

Name: _____
 First Name MI Last Name

Address: _____
 (Street) (City) (Zip)

Phone: _____

High School _____

Head Wrestling Coach's Name _____

Wrestling Information:

Years Wrestled: _____ Weight Wrestled: _____

Wrestling Achievements: _____

Briefly highlight your wrestling career: _____

G.P.A.: _____

Post-High School Intentions:

Attending College: Y N College Name: _____

Attending Vocational School: Y N School Name: _____

Briefly describe your plans for post high school: _____

Miscellaneous Information:

Please list any of your Extra Curricular Activities: _____

Please list any of your Volunteer/Service Activities: _____

Academic Awards or Achievements Received: _____

If you need additional space, please attach a separate piece of paper.

APPLICATION DEADLINE IS May 1ST.

Mail this application, a copy of your first semester transcript of 12th grade, a letter of intent, and a letter of recommendation to the following:

Mr. Kenneth Dies
643 E. Tallmadge Ave.
Akron, Ohio 44310

Be sure to keep a copy for your records.