



### SUMMER WRESTLING CAMP APPLICATION

The Long Island Wrestling Association, Inc. requests that each Nassau and Suffolk County High School Wrestling Coach nominate one wrestler from his program to be considered by the LIWA to receive full expense paid sponsored attendance at a 2003 Summer Wrestling Camp. The LIWA will sponsor 20 wrestlers from each county. Each nominated wrestler should exemplify good character, sportsmanship, dedication, persistence, intensity, and a positive work ethic. The individual must be one who would benefit from attendance at summer wrestling camp and who could not otherwise afford to attend. Financial inability to attend camp is essential to a wrestler's eligibility. Only freshman, sophomores and juniors in good academic standing are eligible. Wrestlers will attend Elite Wrestling Camps or other camps designated by the LIWA. Completed applications must be returned by May 15, 2003 to the Long Island Wrestling Association, Inc. PO Box 287 East Norwich, NY 11732.

**Incomplete applications will not be considered.**

**Application Deadline - May 15, 2003**

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THIS SECTION IS TO BE COMPLETED BY THE STUDENT-WRESTLER.

Name: \_\_\_\_\_ School: \_\_\_\_\_

Home Address: \_\_\_\_\_

Grade: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Have you attended summer wrestling camp before? \_\_\_\_\_ If so, when? \_\_\_\_\_

Which camp did you attend? \_\_\_\_\_

Is your family financially able to send you to wrestling camp? (Yes or No?) \_\_\_\_\_

Why do you think you need the assistance of the LIWA? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature of Student-Wrestler: \_\_\_\_\_

THIS SECTION IS TO BE COMPLETED BY THE GUIDANCE OFFICE.

GPA: \_\_\_\_\_ Rank In Class: \_\_\_\_\_ Other Academic Awards: \_\_\_\_\_

Does this student athlete demonstrate the kinds of qualities listed above (good character, sportsmanship, dedication, persistence, intensity, and a positive work ethic)? Comments: \_\_\_\_\_

Does the student athlete's family have the financial resources to send him to summer wrestling camp? \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Guidance Counselor's Signature: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_

THIS SECTION IS TO BE COMPLETED BY THE WRESTLING COACH.

Record This Year: \_\_\_\_\_ Overall Record: \_\_\_\_\_

Tournaments & Places: \_\_\_\_\_ Honors (Including non-athletic): \_\_\_\_\_

Does the student athlete's family have the financial resources to send him to summer wrestling camp? \_\_\_\_\_

Financial Need (Extenuating circumstances, etc.): \_\_\_\_\_

Does this student athlete demonstrate the kinds of qualities listed above (good character, sportsmanship, dedication, persistence, intensity, and a positive work ethic)? Comments: \_\_\_\_\_

Print Coaches Name: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_

Coaches Signature: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_

Home Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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