



Donald & Linda Jayne Wrestling Scholarship

This scholarship was established by Donald and Linda Jayne for a Waverly senior who has participated in the wrestling program including the position of manager. Selection is conducted through the wrestling coach at Waverly Central High School.

Eligibly Criteria:

- Graduating senior from Waverly Central High School.
- Accepted into an accredited 2 or 4 year college or university in the United States.
- Attach an essay (200 – 250 words, double spaced) that describes areas in your life where you have demonstrated leadership and overcame obstacles either through your school, social or family life.
- Must have earned at least an 80 grade point average while in high school.
- Please provide your Expected Family Contribution (EFC) number which is generated by the Free Application for Federal Student Aid Form (FAFSA).
- Please provide a list of school based activities (including leadership positions, clubs and athletics) as well as community volunteer activities and the number of months or years.
- Must have been on the Waverly wrestling team or have been a manager of the wrestling team.

Please contact your Guidance counselor office for the deadlines.



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Type or print neatly in black or blue ink. Only complete applications will be considered.

Personal Information:

Last Name		First Name		MI	
Street Address				Apt. /Unit Number	
City	State	Zip Code	Home Phone	Cell Phone	
Sex: M F	Date of Birth: ____/____/____ MM/ DD/ YYYY		Name of High School	Date of	
Graduation					
E-mail Address					

Parental Information:

Father's Last Name		First Name		MI	
(If different) Street Address	Apt. /Unit Number		Email Address		
City	State	Zip Code	Best Available Phone Number		
Name of Employer			Employed Since		
Mother's Last Name		First Name		MI	
(If different) Street Address	Apt. /Unit Number		Email Address		
City	State	Zip Code	Best Available Phone Number		
Name of Employer			Employed Since		

Employment Information:

Do you currently have a part-time job? Y N If yes: _____
Position

Name of Employer	Employer's Phone Number
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School Based Information:

Major Field of study in college _____

Name of the college or university you will attend:

G.P.A. _____ SAT _____ or ACT Scores _____

Class Rank _____ out of _____ # students.

Financial Information:

Please enter your Student Aid Index (SAI) number, which is generated after completing your Free Application for Federal Student Aid Form (FAFSA): _____.

If this number is not available at the time of submitting the application, please provide details as to the status of FAFSA. Please notify your guidance office when the number becomes available.

Number of Dependents in Family: _____ Number of other siblings in College: _____

I attest that all personal data included within this application is truthful and in no way misleading. All contents have been completed entirely by me (the applicant) to the best of my knowledge.

If I am selected as a recipient of a Community Foundation for the Twin Tiers scholarship, I agree to permit the Foundation to confer with my school to verify my continuing enrollment during the term of my scholarship.

I also agree that my name and photograph can be used in announcements made by the Community Foundation for the Twin Tiers regarding the scholarship (s) for which I have been awarded.

I also agree that by signing this I permit my school to give the Community Foundation for the Twin Tiers information regarding my SAT scores, current GPA and class rank.

Awards may be used at any accredited college, university, or technical school within the United States.

Signature of Applicant

Date of Signature