

Levitetz Family Scholarship Fund

(Please Print Legibly)

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ E-mail: _____

USA Wrestling Card Number: _____ Age: _____ Current Grade: _____
(Must have card number)

Parent/Guardian Name: _____ Occupation: _____

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Household Income: _____ Total Number of Individuals Supported by Income: _____
(Only an estimate is needed. Information will be shared with members of the selection committee only)

Wrestling Accomplishments:

1. _____
2. _____
3. _____
4. _____

School and Community Activities and Accomplishments:

1. _____
2. _____
3. _____
4. _____

Letter of Recommendation:

You have been asked to submit a letter of recommendation for _____ as a part of the application for the Levitetz Family Scholarship Fund. In a single typed page, please offer your assessment of this individual's worthiness to receive scholarship assistance through this USA Wrestling program.

Feel free to offer the selection committee insight into the individual's character, civic mindedness, and academic responsibility. If there are other relevant considerations that you feel the committee should be aware of please offer those as well.

Camp wanting to attend: _____

Send Camp information: flyer, phone number, address, E-mail, Camp cost, etc.

Final Notification:

- USA Wrestling will notify each recipient the amount of scholarship funds awarded.
- USA Wrestling will publish comprehensive listing of athletes receiving scholarships on TheMat.com.

Mail Application To:

**USA Wrestling
C/o Levitz Family Scholarship Fund
6155 Lehman Drive
Colorado Springs, CO 80918**