

John and Wesley Nygren Memorial Scholarship Application
Gymnast Information

PERSONAL DATA

Name: _____ Date of Birth: _____
(Last) (First) (Middle)

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

Phone: _____ Social Security Number: _____

E-mail address: _____ Male ___ Female ___

Parents'/Guardians' Names: _____

Parents'/Guardians' Address (if different from yours):

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

Marital Status: Single ___ Married ___ Divorced ___ Widowed ___

GYMNASTICS HISTORY

Name of Current Gym: _____

Total Years of Gymnastics Experience: _____ Years at Current Gym: _____

Coach's Name: _____ Time w/ Current Coach: _____

Competitive Level: _____

Why did you choose competitive gymnastics as a sport? _____

What do you enjoy most about gymnastics? _____

What has been your most important achievement in your time as a gymnast? _____

List Key Awards or Recognition Received as a Gymnast: _____

ACADEMIC DATA

Name of High School: _____ Year of Graduation: _____

Cumulative GPA: _____ Class Rank (if known): # ____ out of _____

Name of Institution you will be attending: _____
(Please attach letter of acceptance if available)

Do you intend to compete in collegiate level gymnastics? _____

Why do you want to attend this school? _____

What is your intended field of study? _____

What do you hope to do with your education? _____

Do you plan to work during the school year? _____

If there are special financial circumstances which will affect your education, please describe:

Please provide names and telephone numbers of three references the committee could contact regarding the applicants character, academic potential or community involvement (from individuals other than family members).

I hereby confirm that all information provided on this application is correct and I understand that any false information automatically disqualifies me from eligibility.

(Signature of Applicant)

(Signature of Parent/Guardian)

(Date)

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Coach's Information

Coach: Please complete the following information to help us determine your athlete's qualifications for the Nygren Scholarship Award.

Coach's Name: _____

Gym Name : _____ Years at this Gym: _____

Years Coaching Applicant: _____

Please rate Applicant in the following categories (1-5):

Coachability: _____

Comments: _____

Leadership: _____

Comments: _____

Teamwork: _____

Comments: _____

Sportsmanship: _____

Comments: _____

Are there any other specific traits that you feel the Applicant demonstrates that should be considered by the Scholarship Committee? _____

Why do you believe your athlete should be selected for this award? _____

Any other comments? _____

(Signature of Coach)

(Date)

Return completed Application by the March 31, 2010 deadline to:

Bob Nygren
Nygren Scholarship Fund
23212 W 126th St
Olathe, KS 66061

Email: walkforwesley@comcast.net

Phone: (913) 782-4367