

ROSEMARY LANGENWALTER MEMORIAL SCHOLARSHIP

Rosemary Langenwalter was a Placentia Yorba Linda School District Wrestling Mom/Grandma for 25 years. Starting in 1976, she held her breath in the stands watching her five sons and then grandsons in victory and defeat. A \$500 scholarship has been set up in her memory. This Scholarship Program encourages wrestlers to pursue higher education following high school. It is open to graduating seniors in the Placentia-Yorba Linda Unified School District who will be attending a vocational/technical school, a two-or four-year college or university.

AWARDS

Each year one high school senior of a Men's Wrestling team from either Esperanza, El Dorado, Valencia or Yorba Linda High School will be awarded a scholarship of \$500. Scholarship recipients will be invited to attend their school's Awards Night to receive their scholarship.

APPLICANT ELIGIBILITY

1. Applicants must be graduating seniors of either Esperanza, El Dorado, Valencia or Yorba Linda High School. They must plan to enter an accredited vocational/technical school, or accredited two- or four-year college or university. Students must be enrolled full-time beginning in the Fall academic term following their senior year.
2. Applicants must have an academic non-weighted 2.5 grade point average or better.
3. Applicants must have been on the wrestling team 3 years and a Varsity Letterman for one year.
4. Applicant must have qualified to go to the CIF tournament.
5. Applicant must have a recommendation from their head wrestling coach. (form attached)
6. Applicant must have a recommendation from a coach or referee not from their high school. (form attached)
7. Applicant must submit a statement about how wrestling has affected their life.
8. Any Langenwalter relative is not eligible.

SELECTION PROCESS

Selection: Each High School will form a selection committee comprised of Counselors, Teachers, Assistant Principals and/or other faculty.

APPLICATION CHECKLIST

The application becomes complete and valid only when you have **TURNED IN ALL OF THE FOLLOWING MATERIALS:**

- Scholarship Application
- GPA Information **(to be completed and signed by your counselor)**
- Recommendation Forms **(two required to be sealed and signed)** from your coach and a coach or referee not from your high school.

DEADLINE AND MAILING ADDRESS

All materials, including transcript, must be returned to:

Placentia-Yorba Linda Unified School District
Business Department
Attn: Pat Espinoza
1301 E. Orangethorpe Avenue
Placentia, CA 92870
(714) 985-8430

Deadline for receipt of application and transcripts: April 15th.

Names of winners will be announced at the recipient's high school Awards Ceremony.

DISTRIBUTION OF AWARDS

Distribution of Awards: The scholarship will be awarded for the Fall college semester/quarter, and will be issued upon receipt of verification of full-time enrollment. Verification is due as soon as a student is enrolled, and such verification must be received no later than October 31, (**postmarks not accepted**). Awards will be issued through a check and **mailed directly to the university upon presentation of class list**.

Forfeiture of Awards: Students selected to receive a scholarship who do not complete the required information, who fail to submit verification of enrollment, or who fail to enroll as full-time students for Fall will forfeit their award, and the funds will become available for future applicants.

PROGRAM LIMITS

1. The _____ retains the right to change or terminate this program at any time.
2. The _____ is not responsible for lost applications, lost verifications of enrollment, or information misplaced or delayed through the mail or other delivery process.
3. Once submitted, all information becomes the property of the _____.
4. Decisions are final.

FOR MORE INFORMATION

If you have other questions, please call the Business Department at (714) 985-8430.

ROSEMARY LANGENWALTER MEMORIAL SCHOLARSHIP APPLICATION

APPLICANT MUST SUBMIT ORIGINAL APPLICATION ON OR BEFORE APRIL 15TH to the Counseling Office (POSTMARKS NOT ACCEPTED).

NOTE: ILLEGIBLE/INCOMPLETE APPLICATIONS OR THOSE THAT DO NOT INCLUDE TRANSCRIPTS WILL BE DISQUALIFIED. TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES. PLEASE USE INK WHEN FILLING OUT APPLICATION.

APPLICANT DATA

NAME Last _____ First _____ Middle Initial _____

PERMANENT HOME MAILING ADDRESS Number _____ Street _____ Apartment # _____

City _____ State _____ Zip Code _____

Telephone (____) _____ E-mail _____

DATE OF BIRTH Month _____ Day _____ Year _____

PARENT OR GUARDIAN INFORMATION

NAME(S) Last _____ First _____

Relationship to Applicant _____ Message or Work Phone _____

HIGH SCHOOL School Name _____ Graduation Date: Month and Year _____

GPA INFORMATION The applicant's academic, non-weighted GPA is _____

To be completed by high school Counselor

Counselor's Name _____ E-mail _____

Counselor's Signature _____

POST-SECONDARY SCHOOL DATA Name of post-secondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.) **Use official school names. Do not use abbreviations.**

_____ City _____ State _____

_____ City _____ State _____

4 yr. College or University Community College Vocational/Technical School

Major or course of study _____

Anticipated degree: BA/BS Associate Certificate _____

Month _____ Year _____

PLEASE ATTACH YOUR TYPED RESPONSES TO THE FOLLOWING QUESTIONS (300 words or less for each questions below)

1. WHAT WERE YOUR WRESTLING GOALS AND WHAT DID YOU DO ABOUT AND BEYOND TO ATTAIN THOSE GOALS?

2. WRESTLING LESSONS

Please describe how wrestling has shaped you in terms or some or all of the following. Entitlement, toughness, discipline, confidence, self-reliance.

RECOMMENDATION FORM (Head Wrestling Coach)

Print Student's Name: _____ **School:** _____

1. Years competed on mens wresting team?

2. Varsity letterman Yes No? What year(s)?

3. Qualified for the CIF tournament Yes no. What year ?

4. How has the wrestler contributed to the team?

5. Please feel free to share any additional comments.

Head Coach Name _____ Phone _____
(Printed or typed)

Signature _____ Date _____

PLEASE RETURN TO STUDENT ENCLOSED IN A SEALED ENVELOPE WITH YOUR SIGNATURE OVER THE SEAL.

RECOMMENDATION FORM (Other School or Organization coach or referee)

Print Student's Name: _____ **School:** _____

1. How has the wrestler contributed to the wrestling community?

2. What was this wrestler viewed by other Placentia Yorba Linda School District teams?

Name _____ Phone _____
(Printed or typed)

School / Organization and title _____

Signature _____ Date _____

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