

# Orlando Ponce Scholarship Foundation

Augsburg Wrestling Academy Facility Location:

Augsburg College Wrestling Facility (Alan and Gloria Rice Wrestling Center)

Kennedy Center, 731 21st Ave. S;

Minneapolis, MN 55454

## Fall Peewee SCHEDULE:

10 Sunday 9:00 - 10:15 AM Sessions

-Sept. 11th, 18th, 25th -October 2nd, 9th, 16th, 23rd -November 6th, 13th, & 20<sup>th</sup>

## Winter Peewee SCHEDULE:

10 Sunday 9:00 - 10:15 AM Sessions

-Dec. 4th, 11th, 18th, -Jan. 8th, 15th, 22nd, 29th, -Feb. 5th, 12th, 19<sup>th</sup>

## Fall Youth SCHEDULE:

10 Sunday 10:30 AM - 12:00 PM Sessions

-Sept. 11th, 18th, 25th -October 2nd, 9th, 16th, 23rd -November 6th, 13th, & 20<sup>th</sup>

## Winter Youth SCHEDULE:

10 Sunday 10:30 AM - 12:00 PM Sessions

-Dec. 4th, 11th, 18th, -Jan. 8th, 15th, 22nd, 29th, -Feb. 5th, 12th, 19<sup>th</sup>

## Fall Varsity Schedule:

10 Monday 6:30 PM - 8:00 PM Sessions

-Sept. 12th, 19th, 26th -October 3rd, 10th, 17th, 24th -November 7th, 14th, & 21st

## Winter Varsity SCHEDULE:

10 Monday 6:30 PM - 8:00 PM Sessions

-Dec. 5th, 12th, 19th, -Jan. 9th, 16th, 23rd, 30th, -Feb. 6th, 13th, 20th

Spring PeeWee, Youth, and Varsity Schedules are pending. 10 sessions per age level in the months of March, April, and May will be held. Dates are currently seeking facility approval.

# Orlando Ponce Scholarship Foundation

<b>Application Information</b>			
First Name:	Middle Initial:	Last Name:	
Nick Name:	Birth Date:	Grade:	
Street Address:			
City:	State:	Zip:	
Phone Number:	Type: (circle) Home    Cell    Work		
Email Address:		Contact Preference:	
School:		GPA (if applicable):	
Club Team:	Club Coach:	Years of Experience:	
<b>Parent/Guardian Information</b>			
Parent/Guardian's First Name:		Parent/Guardian's Last Name:	
Phone:		Relationship to applicant:	
Email Address:		Contact Preference:	
<b>Academic Considerations:</b>			
<i>Please write in the space below your experiences, if you need more space please attach another sheet.</i>			

## **Community Involvement Considerations:**

*Please write in the space below your experiences, if you need more space please attach another sheet.*

## **Athletic Considerations:**

*Please write in the space below your experiences, if you need more space please attach another sheet.*

# Testimonials

**Parent/guardian Testimonial:** *Please write your testimonial in the space below, if you need more space please attach another sheet.*

**Coach Testimonial:** *Please write your testimonial in the space below, if you need more space please attach another sheet.*

**Athlete Testimonial:** *Please write your testimonial in the space below, if you need more space please attach another sheet.*

**By signing below, I certify all information is true and correct to the best of my knowledge.**

Signature of Applicant:

Date Signed:

Signature of parent/guardian:

Date Signed: