Levi Torkelson Memorial Scholarship Application Gymnast Information

PERSONAL DATA

Name:	Date of Birth:		
(Last) (First) (Middle	e)		
Address:			
(Street)	(City)	(State)	(Zip)
Phone:	E-mail addres	s:	
Parents'/Guardians' Names:			
Parents'/Guardians' Address (if differ	ent from yours):		
Address:			
(Street)	(City)	(State)	(Zip)
GY	YMNASTICS HISTO	ORY	
Name of Current Gym:			
Total Years of Gymnastics Experience:		Yeats at Current Gym:	
Coach's Name:	<u></u> ,	Time w/ Current Coach:	
Competitive Level:			<u></u>
Why did you choose competitive gyn	nnastics as a sport?		

What do you enjoy most about gymnastics?	
NM-rat has been your most important achiev	ement in your time as a gymnast?
List Key Awards Received as a Gymnast or S	Special Recognition:
ACAD	EMIC 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 do you hope to do with your education?	
Do you plan to work during the school year?	
If there are special financial circumstances which v describe:	vill affect your education, please

Mail completed application to:

Levi Torkelson Memorial Scholarship Mr. & Mrs. Charles Torkelson 3203 Northridge Drive San Antonio, TX 78209