



2024 Kip Nininger Memorial Scholarship  
Kip Nininger Scholarship Fund  
ROANOKE VALLEY WRESTLING ASSOCIATION  
COMMITTED TO WRESTLING IN THE ROANOKE AREA



Presidents – Jeff Edmondson      Vice President – Greg Deacon  
Secretaries – Joyce Edmondson – Rob Hale      Treasurer – Tom Willard

The Roanoke Valley Wrestling Association will award a scholarship in the amount of \$1,413 on behalf of the Kip Nininger Scholarship Fund in memory of Kip Nininger in the spring of 2024. If you received this scholarship at one of the tournaments during the season, you are not eligible to receive the Kip Nininger Memorial Scholarship through the RVWA.

Applicants for this scholarship must:

-be a high school senior from one of the following schools: Northside, Cave Spring, Glenvar, Hidden Valley, William Byrd, Patrick Henry, Salem, William Fleming, Lord Botetourt, James River, Roanoke Catholic, Staunton River, Blacksburg, or Christiansburg,

**-be active in wrestling and student activities**

**-be accepted by a community college, trade school, state or private college, or university**

**-maintain at least a C average**

**-submit a legible transcript of grades**

**-furnish a letter of recommendation from the school counselor, teacher, principal, or assistant principal**

**-furnish a letter of recommendation from the wrestling coach or someone actively involved in the wrestling community**

**-submit a letter explaining financial need**

**-submit a completed application (incomplete applications will not be considered)**

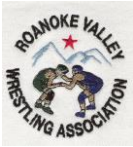
Each applicant will be evaluated by the scholarship committee in the following areas:

1. financial need
2. association with wrestling
3. citizenship and character including community service activities
4. academic achievement

Applicants may be called in for a personal interview after the committee reviews applications. All applications must be received by **March 16, 2024**. The scholarship will be awarded for the applicant's college education at the sole discretion of the Roanoke Valley Wrestling Association. All scholarship finalists will be notified and are asked to attend the RVWA Hall of Fame Induction Ceremony and Awards Banquet for the presentation of the scholarship on April 22, 2024.

Please mail applications to: Scholarship Committee  
Roanoke Valley Wrestling Association  
2409 Portland Ave.  
Roanoke, VA 24017

Or email to: jedmo56@gmail.com



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## 2024 Kip Ninger Memorial Scholarship Application

Please complete and return this application to: Scholarship Committee  
 Roanoke Valley Wrestling Association  
 2409 Portland Ave.  
 Roanoke, VA 24017

Or email to jedmo56@gmail.com

Must be received by **March 16, 2024**. PLEASE PRINT. (Incomplete applications will not be considered.)

1. Name \_\_\_\_\_

2. Home Address \_\_\_\_\_

\_\_\_\_\_  
 (city or town)

\_\_\_\_\_  
 (zip code)

\_\_\_\_\_  
 (parent's or guardian's telephone)

3. Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

4. Parent's or Guardian's name \_\_\_\_\_

5. Parent's or Guardian's occupation \_\_\_\_\_

6. Name of high school from which you expect to graduate or the name of the college you presently attend:

\_\_\_\_\_  
 name of school

\_\_\_\_\_  
 date of graduation

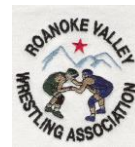
7. In what extra-curricular activities have you taken part? Use another sheet of paper if necessary.  
 In school \_\_\_\_\_

Community activities (include any events or groups for which you have volunteered)

8. What honors have you received? Include both academic and sports honors. Use another sheet of paper if necessary.



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9. In what college or university are you currently enrolled or have you been accepted for admission?  
\_\_\_\_\_ located in  
\_\_\_\_\_.

10. In what do you plan to major? \_\_\_\_\_

11. Why have you chosen this college? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Are you the beneficiary of any other scholarship or financial aid? \_\_\_\_\_ If so, what?

\_\_\_\_\_

13. Father's or Guardian's income \_\_\_\_\_ Mother's or Guardian's income \_\_\_\_\_

14. What are your career aspirations? Please include any other information that you feel will assist the committee in selecting a recipient.

**(Incomplete applications will not be considered.)**



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Authorization for Release/Exchange of Information

I authorize the Roanoke Valley Wrestling Association Scholarship Committee to obtain all necessary information to evaluate the application for the scholarship as submitted to the committee.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
date

\_\_\_\_\_  
Signature of parent or guardian

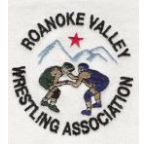
\_\_\_\_\_  
date

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**Must be received by March 16, 2024.**



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School Counselor Form

The Roanoke Valley Wrestling Association will present a scholarship on behalf of the Kip Nininger Scholarship Fund to a student who has made a contribution to wrestling.

Please verify that \_\_\_\_\_ is currently maintaining at least a “C” and has maintained at least a “C” the previous year.

Please add a letter of recommendation regarding this student. Your assistance in this matter is most appreciated.

\_\_\_\_\_  
school counselor’s signature

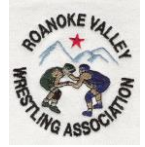
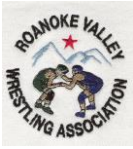
\_\_\_\_\_  
date

(Incomplete applications will not be considered.)

Must be received by **March 16, 2024**

Return to: Scholarship Committee  
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The student listed below is applying for the Kip Ninger Memorial Scholarship sponsored by the Kip Ninger Scholarship Fund and presented by the Roanoke Valley wrestling Association.

Scholarships will be awarded on the basis of financial need, association with wrestling, citizenship, character, community service (volunteering), and academic achievement. Your recommendation is needed as part of the application process.

**To Be Filled Out By The Applicant:**

Name of applicant: \_\_\_\_\_

College applicant will attend: \_\_\_\_\_

**To Be Filled Out By The Reference:**

In what capacity have you known the applicant?

\_\_\_\_\_ student      \_\_\_\_\_ employee      \_\_\_\_\_ other

Please attach your recommendation of the applicant for this scholarship. Your written comments are very important. Include your evaluation of the applicant's scholastic achievements, potential for success in college, dependability, overall character, and financial need.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Return this form and your recommendation to:  
 Scholarship Committee  
 Roanoke Valley Wrestling Association  
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## Financial Need