



Complete the following application in full. Include the following:

1. Three (3) letters of recommendation from the following:
 - a. League coach
 - b. High school administrator, counselor, or teacher
 - c. One other person not involved with bowling and not related to applicant
2. A transcript or official record of your high school academic record (see Parental Release Form enclosed on Section X.H Exhibit 1, Page 4) [ScholarshipApplication2012.doc]
3. A letter (typed) from you stating briefly the reasons for the application. You may include pertinent information not already included on this form.

NAME: _____

ADDRESS: _____

HIGH SCHOOL: _____

ADDRESS: _____

DATE OF BIRTH: _____ PHONE: _____

FEMALE: _____ MALE: _____

FATHER'S NAME: _____

ADDRESS: _____

MOTHER'S NAME: _____

ADDRESS: _____

1. Number of years bowled in certified youth leagues _____; **USBC ID #** _____ - _____
2. List awards earned in the following areas (attach separate sheet if necessary):
 - a. Bowling _____

 - b. School _____



c. Community_____

3. List offices held in the following areas:

a. Bowling_____

b. School_____

c. Community_____

4. University, college, or trade school you plan to attend:

5. Planned major field of study:_____

I hereby submit this application to be considered for a scholarship under the Washington State USBC Association Scholarship Program. I certify that I am a high school graduating senior.

Signature of Applicant Date

Signature of Parent or Guardian Date

Forward completed application forms **by January 1** to:

WSUSBC State Association Manager
2202 Summit Ave
Everett, WA 98201-3020



QUALIFICATIONS:

1. Be a graduating high school senior the year of application submission.
2. Have sufficient academic credits to be accepted by an accredited university, community college, technical institute, or trade school.
3. Be an active USBC youth member, currently bowling in a certified youth league.
4. Have been a USBC youth member for at least the previous two (2) years.
5. Have resided within the jurisdiction of the Washington State USBC Association for at least the previous two (2) years.
6. Complete the official scholarship application.

RULES AND REGULATIONS:

1. All applications must be received by the WSUSBC State Association Manager **by January 1** to be considered.
2. All applications must be accompanied by three (3) letters of recommendation to include a league coach; a high school administrator, counselor or teacher; and one other individual not involved with bowling and not related to the applicant.
3. All applications must include verification by the local Association Manager of applicant's membership status. **Note:** The local **Association Manager signature** is **REQUIRED** on the Statement concerning USBC Youth Membership.
4. Recipients may attend any institution of higher learning of their choice.
5. Scholarships awarded by the Washington State USBC Association will be applied to tuition; however, they may be applied to books and fees if the Board of Directors so determines.
6. When the State Association Manager has obtained verification that the scholarship recipient has been accepted at the school of his/her choice, he will make arrangements for transfer of the monies to the appropriate school official.

In the event a scholarship recipient is not enrolled in an accredited institution within one year from October 1 of the year the scholarship is awarded, the scholarship will be voided unless the Board of Directors rules otherwise.

If a scholarship recipient leaves school before all funds have been used, the Washington State USBC Association will request that the institution return the unused money to the USBC SMART program manager who should return it to the Washington State USBC Association.



STATEMENT CONCERNING USBC YOUTH MEMBERSHIP

I hereby certify that _____ is a member of the _____ league, certified by USBC, under the jurisdiction of the _____ USBC Association, and that the applicant has been an active USBC youth member for at least the previous two years.

_____ Date: _____
Signature of Local USBC Association Manager

Signature of the Local Association Manager is REQUIRED.

* _ *

PARENTAL RELEASE

As parent/guardian of _____ (Student's Full Name)

I hereby grant permission for _____ HIGH SCHOOL to release my son's/daughter's transcripts to:

WSUSBC State Association Manager
2202 Summit Ave
Everett, WA 98201-3020

 Phone: 425-903-4263
 FAX: 425-322-3042

 e-mail: wsusbc@comcast.net

 (Signature of Parent or Guardian) (Date)

Note: The transcript **must** be provided with the Scholarship application submitted to WSUSBC.