

GREATER SEATTLE USBC ASSOCIATION SCHOLARSHIP APPLICATION

NAME: _____

ADDRESS: _____

HIGH SCHOOL: _____

Name

Address

DATE OF BIRTH: _____ Phone Number _____

FATHER'S NAME: _____ Phone Number _____

ADDRESS: _____

CITY/STATE/ZIP: _____

MOTHER'S NAME: _____ Phone Number _____

ADDRESS: _____

CITY/STATE/ZIP: _____

Include with this application:

Three letters of recommendation including;

- (a) League Coach
- (b) High School Administrator, Counselor, or teacher
- (c) One other person not involved in High School or Bowling, i.e., Minister, Family Doctor, or a Professional Friend (No Relatives)

A transcript or official record of applicant's academic record from high school (see parental release form enclosed).

A letter written or typed by the applicant stating briefly the reasons for applying and other pertinent facts.

Signature of Parent or Guardian

Signature of Applicant

I hereby certify that _____ is a member of the _____ league, certified by USBC, under the jurisdiction of the Youth Association or Junior Division, and the applicant has been an active member for the past two years.

Signature of USBC Youth Association Manager
or Local Junior Division Secretary

Number of years you have bowled in Sanctioned leagues: _____

List awards you have earned:

(A) In Bowling _____

(B) In your School _____

(C) In your Community _____

List the offices you have held:

(A) Bowling _____

(B) School _____

(C) Community _____

What University, College, or Trade School do you plan to attend? _____

What Major do you plan to study? _____

PARENTAL RELEASE FORM _____

AS PARENT/GUARDIAN OF _____

Student's Name

I hereby grant permission for High School to Release my daughter's/son's records to the Greater Seattle Bowling Association.

Parent/Guardian signature _____

Date _____

Please forward Academic Records to;

Greater Seattle USBC
C/o CHAIRMAN, Scholarship Committee
7500 212th St SW, Suite 115
Edmonds, WA. 98026