



NAME		
ADDRESS	PHONE	
DATE OF BIRTH	$\Delta G F$	
PARENTS OR GUARDIAN		
ADDRESS	ZIP	PHONE
BOWLER ID #	SCHOOL	PHONE
		MENTS PARTICIPATED IN AND YEAR
LIST ANY INVOLVEMENT IN CERTI	FIED BOWLING	
NUMBER OF YEARS INVOLVED IN	YOUTH LEAGUES/CERTI	FIED COMPETITION
LIST COMMUNITY ACTIVITIES		
LIST OTHER SCHOOL ACTIVITIES, OFFICES HELD IN SCHOOL CLUBS, ETC.		
GPA WHAT ACCREDITED SCHOOLS HAV	VE YOU BEEN ACCEPTED	) RV
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APPLICANT SIGNATURE		SIGNATURE PARENT/GUARDIAN
CURRENT LEAGUE PARTICIPATION	<u></u> N	

VERIFIED BY LEAGUE YOUTH DIRECTOR

BE SURE TO ENCLOSE YOUR ESSAY WITH THIS APPLICATION AND SUBMIT BY MAY 1st TO:

INDY USBC ASSOCIATION YOUTH COMMITTEE 6433 E WASHINGTON ST, SUITE 191, INDIANAPOLIS, IN 46219

\*\*\*PLEASE REFER TO THE BACK OF THIS SHEET FOR LIST OF REQUIREMENTS AND CRITERIA.\*\*\*

THE ENTIRE APPLICATION PROCESS NEEDS TO BE COMPLETED OR THE

APPLICATION WILL BE REJECTED.



## SCHOLARSHIP APPLICATION REQUIREMENTS

## For your records check if item is complete

* APPLICANT MUST BE A HIGH SCHOOL SENIOR
APPLICANT MUST BE CERTIFIED IN A BOWLING
CENTER IN INDY USBC JURISDICTION
GRADE AVERAGE OF 2.5 OR MORE ON A 4.0 SCALE
(ATTACH COPY OF SCHOOL TRANSCRIPT)
APPLICANT MUST SUBMIT A WRITTEN ESSAY (300 WORDS
OR LESS) ON: "HOW THIS SCHOLARSHIP WILL BENEFIT ME"
ALL REQUESTED SIGNATURES MUST BE ON THIS
APPLICATION
LETTER OF RECOMMENDATION FROM: TEACHER, COACH
COUNSELOR OR EMPLOYER
APPLICATION MUST BE POSTMARKED NO LATER THAN
MAY 1st

## ADDITIONAL CRITERIA TO BE CONSIDERED TO ATTACH TO APPLICATION

- NUMBER OF YEARS IN LEAGUE PARTICIPATION
  - ATTENDANCE RECORD IN LEAGUES
- STATE & LOCAL TOURNAMENT PARTICIPATION

THE INDY USBC ASSOCIATION WILL AWARD TWO (2) \$500 SCHOLARSHIPS IF THERE ARE AT LEAST FIVE RESUMES' SUBMITTED EACH YEAR (NON Renewable); if less than five resume's received, then Indy USBC will award one (1) scholarship for \$500.00

FOR ADDITIONAL INFORMATION CONTACT:

Deanna Perry, Youth Committee Chairman dperry@royalpin.com

