



INDY USBC ASSOCIATION YOUTH PROGRAM YOUTH BOWLER OF THE YEAR

Please provide adequate contact information for both parties.

Bowler Name: _____ M F

Bowling Center: _____

Youth's Contact Information

Phone # _____

Email Address: _____

Address: _____

Submitted by: _____

Phone # _____

Email Address: _____

Address: _____

Please complete the following selection criteria and attach any documents or letters of recommendation to convey the candidate's qualifications.

How many years has the youth been bowling? _____

List major bowling accomplishments: _____

Elaborate on why the candidate's leadership qualities, attitude, and helpfulness towards fellow youths and coaches make them eligible to receive this award:

Is the candidate involved in any USBC offices (league, local, or state associations)?

What contributions to local and state youth programs has the candidate made?

What is so special about this candidate? _____

APPLICATIONS MUST BE SUBMITTED BY MIDNIGHT MAY 1ST TO:

Indy USBC Association; Attn: Youth Committee
6433 E. Washington St., Suite 191; Indianapolis, IN 46219
or email; indy81879assoc@att.net