

NYS USBC WBA SCHOLARSHIP APPLICATION (FOR GRADUATING HIGH SCHOOL FEMALE)

ELIGIBILITY RULES:

Any graduating high school female who has been accepted as a candidate to a school of higher education (College, University, Vocational, or Technical) is eligible to receive the scholarship providing the student meets the following requirements:

- A. Is a member of a league certified in the State of New York by the United States Bowling Congress and is in good standing for the current season.
- B. Has bowled a minimum of 21 games within the current bowling season.
- C. Files an application furnished by the scholarship committee giving complete information as required thereon, postmarked by **January 22** of any year. Application is to be filed with the chair of the scholarship committee.

SCHOLARSHIP AWARD

The scholarships distributed through this program have been averaging \$1,000 each and may be granted each year at the discretion of the scholarship committee. If an existing scholarship at any time is rejected, refused or the grantee becomes ineligible for any reason, the scholarship committee may grant the scholarship to another eligible applicant.

In order to present a fair and equitable scholarship program, the New York State USBC Women's Bowling Association and the New York State USBC Youth Association are striving to reward a greater number of applicants. Beginning with the 2008-2009 season, applicants will receive only one of the scholarship awards offered by the aforementioned organizations combined. The highest valued award will take precedence. Each participating organization will notify their program's recipients and will arrange for the presentation of the awards.

APPLICATION PROCEDURE

Step #1 - Fill out page number 1 entirely.

Step #2 - Give your current league official pages 1 & 2 of the application form, and a stamped envelope addressed to the CHAIR of the Scholarship Committee (see below). Ask the league official to fill out page 2 entirely. You or the league official then mail pages 1 & 2 to the Scholarship Chair by **January 22**.

Step #3 - Give page 3 to a school official or you school counselor along with a stamped envelope addressed to the CHAIR of the Scholarship Committee. **Ask the school official or counselor to completely fill out page 3 and mail it by January 22.**

Step #4 - Check **with your league official and school official or counselor by January 5** to make sure all the application papers have been mailed. Thank them for their cooperation and help.

CHAIR OF THE SCHOLARSHIP COMMITTEE

JoAnn LaTulip

198 West 7th Street

Oswego, New York 13126

(315) 343-2762 or e-mail: jlatuli2@tweny.rr.com

**NYS USBC WBA SCHOLARSHIP APPLICATION
(GRADUATING HIGH SCHOOL FEMALE)
APPLICANT'S FORM – PAGE 1**

NAME _____ **DATE** _____
(Last) (First) (Middle)

ADDRESS _____ **S. S. #** _____
(Street)

(City) (State) (Zip) **PHONE ()** _____

AGE _____ **DATE OF BIRTH** _____ **PLACE OF BIRTH** _____
PARENTS OR GUARDIAN (FULL NAMES) _____

ADDRESS _____ **PHONE ()** _____
(Street) (City) (State) (Zip)

E-MAIL ADDRESS _____ **Signature of Applicant** _____

USBC ASSN. _____ **USBC MEMBERSHIP NO.** _____
NAME OF HIGH SCHOOL _____

How long have you been in a Youth Bowling Program? _____ **Yrs. (Count Current season as one year)**
Offices held in youth leagues (team captain or officer) and years in each office (Count current season as one year) _____

Offices held in Local Youth Leaders _____
Offices held in State Youth Leaders _____

Bowling Honors and Awards _____

School Activities and Offices held _____

Community, Civic, and Work Activities _____

To what school of higher education have you applied? _____

Which School will you be attending? _____

What is your proposed course of study? _____

Do you plan to work during your school years? Yes _____ No _____

To my knowledge, the above statements are correct.

Current League Coach/Official's Signature

(Use other side for additional information)

Please Note: This application will be reproduced. Please type or use strong blue/black pen.

**NYS USBC WBA SCHOLARSHIP APPLICATION
(GRADUATING HIGH SCHOOL FEMALE)
LEAGUE OFFICIAL'S EVALUATION & DATA SHEET – PAGE 2**

APPLICANT'S NAME _____ Date _____
(Last) (First) (Middle)

ADDRESS _____
(Street) (City) (State) (Zip)

Name of Bowling Center(s) and their location(s) where you bowl. _____

Name of Current League Official _____ Phone (____) _____

Address _____

1. A) Previous season's average _____ No. of Games _____ (Minimum of 39 games)
B) Average as of January 1st _____ No. of Games _____ (Minimum of 21 games)*
* Average Sheet(s) containing current coach's name, address, telephone number and signature for the above league(s) must be attached. **FAILURE TO COMPLY WILL DISQUALIFY APPLICANT.**

2. Number of year's applicant has bowled in youth/junior leagues _____ (Count current season as one year).

3. Office held by applicant in youth/junior leagues and number of years in each office. (Count current season as one year).

_____ Years as Team Captain _____ Years as Vice President _____ Years as President
_____ Years as Sec. /Treas. _____ Years as Youth/Junior Leader _____ Years as Junior Coach

4. Number of league sessions applicant was absent this season. Excused _____ Unexcused _____

5. Does applicant know how to keep score Yes _____ No _____

6. Does applicant observe bowling etiquette & sportsmanship? Yes _____ No _____

7. Does applicant set a good example for other bowlers? Yes _____ No _____

8. Does applicant observe league & establishment rules? Yes _____ No _____

9. Did applicant bowl in last local USBC Tournament? (If State USBC Tournament was in your city and no local USBC tournament was held and the applicant bowled in the State USBC tournament, mark Yes.) Yes _____ No _____

10. Did applicant bowl in the last State USBC Tournament? Yes _____ No _____

Signature of Current Coach/League Official

NOTE TO LEAGUE OFFICIAL: Please send pages 1 & 2 to Chair of Scholarship Committee, postmarked by January 22.

JoAnn LaTulip, Chair
198 W. 7th Street
Oswego, NY 13126
(315) 343-2762 or e-mail: ilatulip2@twcny.rr.com

(Use other side for additional information)

**NYS USBC WBA SCHOLARSHIP APPLICATION
(GRADUATING HIGH SCHOOL FEMALE
SCHOOL OFFICIAL OR COUNSELOR'S EVALUATION & DATE SHEET – PAGE 3**

APPLICANT'S NAME _____ DATE _____
(Last) (First) (Middle)

ADDRESS _____
(Street) (City) (State) (Zip)

Name of Official or Counselor _____

Address _____ Phone (____) _____

Official or Counselor: Please complete this sheet to enable this student to apply for a scholarship from the New York State USBC Women's Bowling Association, Inc. All answers will be confidential. Please mail completed sheet and transcript to the Chair of the Scholarship Committee. (Addressed envelope is attached for your convenience. THIS MUST BE POSTMARKED NO LATER THAN MIDNIGHT, JANUARY 22ND. YOU MUST ATTACH TRANSCRIPT OF GRADES.)

**PLEASE LIST THE FINAL GRADES FOR EACH YEAR IN PERCENTAGES
(Failure to fill in the blanks below could disqualify applicant)**

GRADE 9 _____ GRADE 10 _____ GRADE 11 _____

SAT score and/or other aptitude tests – NOTE: If your school does not have some form of standardized testing, this could severely affect the scholastic evaluation. _____

Class Rank _____

Extracurricular Activities _____

Any additional remarks you think would be helpful in evaluating this student (including ability to communicate): _____

School Official or Counselor

Position

(Use other side for additional information)

This application will be reproduced. Please type or use strong blue/black pen.

NOTE TO SCHOOL OFFICIAL: Please send page 3 to Chair of Scholarship Committee, postmarked by JANUARY 22.

<p>JoAnn LaTulip, Chair 198 W. 7th Street Oswego, NY 13126 (315) 343-2762 or e-mail: jlatuli2@twcnv.rr.com</p>
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