

**NEW YORK STATE USBC YOUTH ASSOCIATION  
SCHOLARSHIP PROGRAM  
2008-2009**

**ELIGIBILITY RULES**

Any **Graduating High School Senior** who is currently a certified member of the New York State USBC Youth Association is eligible to receive a scholarship providing the applicant meets the following requirements:

- A. Is a member of a USBC and a NYS USBC Youth Association certified league and is in good standing for the current year.
- B. Has bowled a minimum of 27 games in a certified league within the current season.
- C. Files an application furnished by the Scholarship Committee, giving complete information as requires, postmarked by **February 9** of the current year. Application is to be sent to the Chairman of the Scholarship Committee.

**SCHOLARSHIP AWARDS**

A minimum of four USBC Youth Association and/or additional awards sponsored by the New York State Youth Leaders and/or additional sponsors may be granted equally to male and female applicants. All awards are granted at the discretion of the Scholarship Committee. If an existing scholarship at any time be refused, rejected or the grantee becomes ineligible, the Committee may award 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.**

Scholarship money will be administered by the USBC SMART program and will be held until the recipient reaches the age of 22 (as of August 1). Recipients will receive complete information directly from SMART as soon as the Scholarship Committee forwards their information. All questions and/or requests for extensions must be directed to SMART. All unclaimed monies will revert to the NYS USBC Youth SMART Scholarship Account.

**APPLICATION PROCEDURE – PLEASE TYPE OR PRINT CLEARLY IN DARK INK**

- Step #1 Applicant must complete Page 1 and obtain the signature of the League Official.
- Step #2 League Official must complete and sign Page 2.
- Step #3 Applicant and School Official must complete Page 3. Applicant must also provide **at least one, but no more than three** letters of recommendation **in addition** to League Official on page 2.
- Step #4 Applicant must prepare an essay titled: "My chosen career is \_\_\_\_\_ and my experiences in USBC Youth programs will help me succeed by \_\_\_\_\_." Essays should be **250 words or less** and should be typewritten or printed clearly.
- Step #5 Mail completed applications, recommendations, transcripts, essays and average sheets to the Scholarship Chairman postmarked no later than **February 9th** of the current year.

**CHAIRMAN OF THE SCHOLARSHIP COMMITTEE  
MRS. ANDREA DOLGAS  
2094 NY RTE. 40  
SCHAGHTICOKE, NEW YORK 12154-2633**

**NEW YORK STATE USBC YOUTH ASSOCIATION SCHOLARSHIP APPLICATION  
2008-2009**

Applicant's Name \_\_\_\_\_  
LAST FIRST MIDDLE PHONE NUMBER

Address \_\_\_\_\_  
STREET CITY ZIP CODE

Age (as of August 1, 2008) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade Level \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Name of Parent/Guardian \_\_\_\_\_

Applicant's USBC Membership # \_\_\_\_\_ Assoc./Div. Name \_\_\_\_\_

Number of Years Applicant has been in a YABA/USBC program; current year = 1. (1) \_\_\_\_\_

Name(s) of league(s) in which Applicant currently bowls (2) \_\_\_\_\_

**Average sheets containing coach's name/phone number for the above league(s) must be attached. Failure to comply will disqualify applicant.**

League Offices (Team Captain/Officer) Applicant has held and the number of years in each office; current year = 1. (3) \_\_\_\_\_

Is Applicant a member of a Local or State USBC Youth Leader Organization? (4) \_\_\_\_\_

Check (✓) if USBC Youth Leader Program is not available in Applicant's area. (5) \_\_\_\_\_

List Offices held in Local and/or State USBC Youth Leaders. (6) \_\_\_\_\_

**BOWLING HONORS AND AWARDS.** List below; do not attach a separate sheet.

List YABA/USBC Honor Scores (298-300 Games; Male 800/Female 700 Series, 11 In A Row **ONLY**) (7A) \_\_\_\_\_

List Specials (100 POA/Triplicate/7-10/Big 4/All-Spare/Dutch 200 **ONLY**) (7B) \_\_\_\_\_

List League and Tournament Awards and/or bowling honors received. Please use reverse or attach a separate sheet. (8)

To my knowledge, the above statements are correct.

\_\_\_\_\_  
Applicant's Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
League Official's Signature (Required)

\_\_\_\_\_  
Date

COMPLETED APPLICATIONS, PERSONAL RECOMMENDATIONS, AVERAGE SHEETS AND THE ESSAY ("MY CHOSEN CAREER IS \_\_\_\_\_ AND MY EXPERIENCES IN YABA/USBC PROGRAMS WILL HELP ME SUCCEED BY \_\_\_\_\_."; MAXIMUM LENGTH 250 WORDS) MUST BE SENT TO THE SCHOLARSHIP CHAIRMAN POSTMARKED BY **FEBRUARY 9TH. INCOMPLETE AND/OR UNSIGNED APPLICATIONS WILL BE DISQUALIFIED.**

**MRS. ANDREA DOLGAS, SCHOLARSHIP CHAIRMAN  
2094 NY RTE. 40  
SCHAGHTICOKE, NEW YORK 12154-2633**



NEW YORK STATE USBC YOUTH ASSOCIATION SCHOLARSHIP APPLICATION  
2008-2009

Applicant's Name \_\_\_\_\_  
Address \_\_\_\_\_

List Extracurricular Activities (School, Community, Civic) and the number of years in each. A separate sheet may be attached. **DO NOT** include bowling activities listed on Page 1. (1)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

To which school(s) of higher education has Applicant applied? \_\_\_\_\_

Proposed Course of Study: \_\_\_\_\_

**\*\*APPLICANTS MUST ALSO PROVIDE AT LEAST ONE, BUT NO MORE THAN THREE LETTERS OF RECOMMENDATION OF THEIR CHOICE FROM TEACHERS, EMPLOYERS, CLERGY, ETC.**

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**SCHOOL OFFICIAL/COUNSELOR:** Please complete the following to enable the above student to apply for a NYS USBC Youth Scholarship. All answers will be kept confidential. Completed forms and transcripts must be sent to the Scholarship Chairman **POSTMARKED NO LATER THAN FEBRUARY 9th OF THE CURRENT YEAR.**

Name and Title of Official: \_\_\_\_\_

School Name/Address \_\_\_\_\_ Phone \_\_\_\_\_

**A CURRENT TRANSCRIPT OF GRADES MUST BE ATTACHED.  
FAILURE TO COMPLY WILL DISQUALIFY APPLICANT.**

Applicant's Current Cumulative Grade Point Average: (2) Weighted \_\_\_\_\_ Unweighted \_\_\_\_\_

Applicant's Highest SAT (combined) Scores. PSAT may be used if SAT not available. (3A) \_\_\_\_\_  
Combined Score Based on a Maximum of 1600 \_\_\_\_\_ 2400 \_\_\_\_\_

Applicant's Highest ACT Scores. (3B) \_\_\_\_\_

Applicant's Class Ranking. (4) \_\_\_\_\_

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Date

**INCOMPLETE AND/OR UNSIGNED APPLICATIONS WILL BE DISQUALIFIED.**  
SEND COMPLETED APPLICATION, TRANSCRIPT, RECOMMENDATIONS AND THE ESSAY TO:

**MRS. ANDREA DOLGAS, SCHOLARSHIP CHAIRMAN  
2094 NY RTE. 40  
SCHAGHTICOKE, NEW YORK 12154-2633**