

WAL-ROC USBCA YOUTH BOWLING SCHOLARSHIP

The Wal-Roc USBCA Youth will award a scholarship to a graduating high school student. Scholarship funds will be sent to USBA SMART. The scholarship funds will be held in escrow. Recipient will have up to 8 years from graduation to redeem.

ELIGIBILITY RULES:

1. Must be a graduating high school senior, who is currently a certified member of Wal-Roc USBCA Youth and actively bowling in a certified youth league within the jurisdiction of the Wisconsin State USBC Youth Association.
2. Applicant must have a good record with the USBC Youth Association in bowling.
3. Applicant must have participated in the Wal-Roc Youth Association Tournament.
4. Application must be filled out in concise, orderly manner with complete information as required and **received by April 1st**.
5. All information is to be sent to the office of the Wal-Roc USBCA Manager by the applicant to the address listed below.

APPLICATION PROCEDURE

Applications are available from Wal-Roc Board of Directors, Association Manager, youth league supervisors and coaches.

1. FORM #1: Applicant's Personal Data sheet must be completed and returned with a 250 word minimum theme on "How Bowling Has Influenced Me and How This Scholarship Will Affect My Future".

IMPORTANT: The applicant will be solely responsible to mail all information such as FORM #1, FORM #2, HIGH SCHOOL DATA **AND the 250 word theme** to the Wal-Roc Association Manager at the address listed below. **These forms should be mailed in one large (9 x 12) envelop and MUST BE RECEIVED BY APRIL 1st.**

2. FORM #2: Bowling Information and provided envelope for Form #2 must be given to the coach for completion. Form #2 must be signed and returned to the applicant in the sealed envelope with the applicant's Name, Date, Signature and Form #2 written on the front of the envelope.
3. High School Data required for this scholarship is a copy of the recipient's transcript with grades and ACT and/or SAT scores. These must be put in a sealed envelope with the applicant's Name, Date and High School Data written on the face of the envelope.

After all envelopes and forms are finished with the theme, everything should be put into one envelope and mailed to the Wal-Roc USBCA office. **IT MUST BE RECEIVED BY APRIL 1st**. Applications postmarked and received after the April 1st date will not be considered. **Incomplete Applications and Essay will not be considered for scholarship monies.**

SEND ALL SCHOLARSHIP FORMS TO: Scholarship
Karen Klabunde
Wal-Roc USBCA
PO Box 395
Genoa City, WI 53128-0395

WAL-ROC USBCA BOWLING SCHOLARSHIP
APPLICATION FORM #1
APPLICANT'S PERSONAL DATA

1. Applicant's Name _____
(Last) (First) (Middle)
Address _____
3. Age _____ Date of Birth _____
4. Name of Parent or Guardian: Mother _____
Father _____
5. Name of High School _____ Date of Graduation _____
6. Address of School _____
(Street) (City) (Zip)
7. Colleges Applied for Entrance: 1. _____
2. _____
8. Name of College You Will Attend: _____
Address of College: _____
(Street) (City) (Zip)
9. Proposed Course of Study: _____
10. Will You Attend College if this Scholarship is not Granted? Yes _____ No _____
11. List High School Activities which you have participated in since March of your junior year to the present time. Only non-bowling related. _____

12. List Honors, Awards or other special recognition you have received in High School. Only non-bowling related. _____

13. List the Out of School activities which you have participated in since March of your junior year to the present including church, scouting, junior achievement, volunteer work, etc. Only non-bowling related. _____

14. List the Job(s) you have had since March of your junior year. Please estimate the total number of hours in the job(s), excluding summers. Include the name of your supervisor(s). _____

(IF MORE ROOM IS NEEDED, PLEASE USE THE REVERSE SIDE)

DEADLINE APRIL 1st Including Essay
Don't forget your High School Transcript

WAL-ROC USBCA BOWLING SCHOLARSHIP
APPLICATION FORM #2
BOWLING INFORMATION

Name of Applicant _____

Address _____
(Street) (City) (Zip)

Coach's Name _____

Coach's Address _____ Phone () _____
(Street) (City) (Zip)

1. USBC Youth Membership Sanction Number: _____

2. Name of Leagues Currently Bowling in: A) _____
B) _____

3. Number of Years USBC Member: _____

4. Number of Years Bowled in Wisconsin State USBC Team Tournament: _____

5. Did applicant participated in this years Wal-Roc USBCA Tournament _____

6. Attendance Record: (Not including pre or post bowling) Excellent _____ Good _____ Poor _____

7. League Offices Held Current and Past: _____

8. Other Tournament & Bowling Activities ó List and Explain _____

9. Does He or She set a good example for Bowling Etiquette? Yes _____ No _____

Comment: _____

10. Does He or She show leadership in Leagues while bowling? Yes _____ No _____

11. Coach's Overall Evaluation and additional comments: _____

Coach's Signature _____

Before **March 15th** return this bowling information form to the applicant in a sealed envelope. Please note on the envelope the applicant's Name, Date, Form #2 and your Signature. Thank You.

To be eligible for the scholarship, The Applicant Will
Be Responsible To Mail All Information To:

Scholarships
Wal-Roc USBC Manager
P.O. Box 395
Genoa City, WI 53128-0395

(IF MORE ROOM IS NEEDED, PLEASE USE THE REVERSE SIDE)

DEADLINE March 15th

WAL-ROC USBCA BOWLING SCHOLARSHIP
APPLICATION FORM #3
HIGH SCHOOL DATA

Name of Applicant _____

To the person filling out this form: The above applicant is applying for a Wal-Roc USBCA Bowling Scholarship. All information is confidential.

Name of High School _____

Address of School _____
(Street) (City) (Zip)

Person filling our this form _____
(Please Print Your Name)

Address _____ Phone () _____
(Street) (City) (Zip)

Composite National Standard Score ó A.C.T. or S.A.T.: _____

1. Cumulative Grade Point Average: _____
2. Class Rank: _____ Number of Students in the Graduating Class: _____
3. Personality Record: _____

4. Additional Comments that would be helpful in evaluation: _____

Please attach transcript of Grades.

Signature _____

Before **March 15th** return this High School Data form to the applicant in a sealed envelope. Please note on the envelope the Applicant's Name, Date, Form #3 and your Signature. Thank You.

To be eligible for the scholarship, The Applicant Will Be Responsible To Mail All Information.

(IF MORE ROOM IS NEEDED, PLEASE USE REVERSE SIDE)

DEADLINE March 15th