

# **Genesee Region USBC Association**

## **Eligibility Rules: Scholarship Application**

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

- Is a member of a youth league certified within the Genesee Region USBC Association and is in good standing for the current season.
- Has bowled in a minimum of 2/3 of the league's schedule within the current season.
- Files an application furnished by the Scholarship Committee giving complete information as required thereon, postmarked by April 1 of current year.

The application is to be filed with the Chairman of the Scholarship Committee, Tom Fluker, 4055 West Main Street Road, Batavia, NY 14020, E-Mail address: tfstrikeforce@msn.com

## **Scholarship Award:**

Up to three (3) scholarships in the amounts of \$500, \$750, or \$1000 may be granted each year at the discretion of the Scholarship Committee to be paid to the students upon notification to the Committee of their enrollment in college. If an existing scholarship at any time becomes rejected, refused, or the grantee becomes ineligible for any reason, the Scholarship Committee may grant the scholarship to another eligible candidate. The scholarship will go in to a "Smart" account which is held by the USBC National. If the committee feels there are no candidates that meet the criteria, "zero" scholarships may be given. There is no guarantee the scholarships will be given in those denominations. If three scholarships are given, they could all be \$500 based on the points scored, using our scoring system.

## **Application Procedure:**

1. Fill out page 2 entirely.
2. Give your league official pages 2 and 3 of the application form, and a stamped envelope addressed to the Chairman of the Scholarship Committee. Ask the league official to fill out page 3 entirely. The league official should then mail pages 2 and 3 to the Chairman of the Scholarship Committee by April 1.
3. Give page 4 to a school official or your school counselor along with a stamped envelope addressed to the Chairman of the Scholarship Committee. Ask the school official or counselor to fill out page 4 and mail it by April 1.
4. Write an essay of at least 150 words telling what your specific college and future plans are. Judging will be based on inclusion of specific plans, clarity, organization, logic, and neatness. Mail to the Chairman of the Scholarship Committee by April 1.
5. Check with your league official and school official or counselor by March 24 to make sure all the application papers have been mailed. Thank them for their help and cooperation.

# **Genesee Region USBC Association**

## **Scholarship Application**

Date: \_\_\_\_\_ Phone No: \_\_\_\_\_

Full Address: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents or Guardians (Full Names) \_\_\_\_\_

Full Address (if different from above) \_\_\_\_\_

Youth Membership No: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Address of High School: \_\_\_\_\_

How long have you participated in a Youth Program: \_\_\_\_\_

Offices held in youth leagues (team captain or officer) and years in each office: \_\_\_\_\_

Bowling Honors & Awards: \_\_\_\_\_

\_\_\_\_\_

School Activities & Offices held: \_\_\_\_\_

\_\_\_\_\_

Community & Civic Activities: \_\_\_\_\_

\_\_\_\_\_

To what schools of higher education have you applied: \_\_\_\_\_

\_\_\_\_\_

To what schools of higher education have you been accepted: \_\_\_\_\_

\_\_\_\_\_

Which school will you attend: \_\_\_\_\_

What is your proposed course of study: \_\_\_\_\_

To my knowledge, the above statements are true and correct.

\_\_\_\_\_  
League Official Signature

\_\_\_\_\_  
Applicant's Signature

(use reverse side for additional information)

# Genesee Region USBC Association

## League Official's Evaluation & Data Sheet

Date: \_\_\_\_\_ Your Phone No: \_\_\_\_\_

Applicant's Full Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Name of League Official: \_\_\_\_\_

Your Full Address: \_\_\_\_\_

1. Average as of March 1: \_\_\_\_\_  
(2/3 of league schedule minimum)

2. Number of years applicant has bowled in youth leagues: \_\_\_\_\_  
(Count current season as one year)

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

\_\_\_\_\_ Years as Team Captain  
\_\_\_\_\_ Years as President  
\_\_\_\_\_ Years as Vice President  
\_\_\_\_\_ Years as Secretary  
\_\_\_\_\_ Years as Treasurer  
\_\_\_\_\_ Years as Youth Coach

4. Number of league sessions applicant was absent this season:  
Excused: \_\_\_\_\_ Unexcused: \_\_\_\_\_  
(If reason for absence is known, please so state)

5. Does applicant know how to keep score: Yes: \_\_\_\_\_ No: \_\_\_\_\_

6. Does applicant observe bowling etiquette & sportsmanship:  
Yes: \_\_\_\_\_ No: \_\_\_\_\_

7. Does applicant observe league and establishment rules:  
Yes: \_\_\_\_\_ No: \_\_\_\_\_

8. Does applicant set a good example for other bowlers:  
Yes: \_\_\_\_\_ No: \_\_\_\_\_

9. Did applicant bowl in the most recent local youth tournament:  
Yes: \_\_\_\_\_ No: \_\_\_\_\_

10. Did applicant bowl in the most recent state youth tournament:  
Yes: \_\_\_\_\_ No: \_\_\_\_\_

\_\_\_\_\_  
League Official's Signature

# **Genesee Region USBC Association**

## **School Official/Counselor's Evaluation & Data Sheet**

Date: \_\_\_\_\_

Your Phone No: \_\_\_\_\_

Applicant's Full Name: \_

Applicant's Address: \_

Name of Official/School Counselor: \_\_\_\_\_

Full School Address: \_\_\_\_\_

Official/School Counselor: Please complete this sheet to enable this student to apply for a scholarship from the Genesee Region USBC Association. All answers will be confidential. Please mail the completed sheet and transcript to the Chairman of the Scholarship Committee. (Addressed envelope is attached for your convenience). **This must be postmarked no later than May 1.**

### **Please attach transcript of grades.**

SAT Score and/or other aptitude tests: \_\_\_\_\_

Class

Rank: \_\_\_\_\_

Extracurricular Activities: \_\_\_\_\_

Any additional remarks you may think would be helpful in evaluating this student: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Official/School Counselor Signature