

Scholarship instructions and eligibility requirements: Any high school senior and member of the Altoona District USBC Association is eligible to apply, using the procedures that follow.

- Step 1 Complete the bowler application form.
- Step 2 Prepare a typed 200-word autobiographical essay which includes your bowling experiences.
- Step 3 Present the Coaches Evaluation Form to an adult league coach or official to complete on your behalf. This completed form should be returned to you in a sealed envelope.
- Step 4 Present the School Official Evaluation Form to a teacher or counselor to complete on your behalf. This completed evaluation form and your high school transcript should be placed together in a sealed envelope and returned to you on or before the deadline of April 26, 2019.
- Step 5 Submit your completed application, the 200-word autobiographical essay, the Coaches Evaluation form and the School Official form w/transcript on or before April 26, 2019 to the address below.

To apply for the ADUSBC \$500 Scholarship, submit the completed documents
Mail to Altoona District USBC

139 Lennys Dr

Hollidaysburg, PA 16648



Print all information clearly
Name:
Address:
Telephone: Gender:
Parent or Guardian:
High School and Date of Graduation:
Present Grade Point Average:
USBC membership (sanction) number:
Bowling Center:
How many years have you been in a youth bowling program:
High School Activities:
Volunteer/Community Activities:
Leadership Roles in School, Volunteer or Community Activities:
Post Graduate School/Program you plan to attend:
Have you been formally accepted: YES NO
Describe your proposed field of study:
To the best of my knowledge the above statements are correct
Signature of Parent or Guardian:
Signature of Applicant:



COACHES EVALUATION FORM

Date:
Applicant's Name:
Coach or Official's Name:
Attendance Record:
Does the applicant observe proper bowling etiquette and sportsmanship?
Does the applicant set a good example for other bowlers?
Signature of Coach or Official:

Please return this evaluation form in a sealed envelope to the applicant.



Applicant Evaluation Form to be filled out by School Official or Counselor

Applicant's Name:
Name of School District:
Comments to accompany scholarship applicant's transcript:
Comments on the applicant's scholastic and athletic activities and service to school:
Name and position of person completing this form
(Print)
Signature of School Official completing this form:

Please return this evaluation form along with the applicant's transcripts in a sealed envelope to the applicant.