



STARK COUNTY

Scholarship application form

(Applicant must be a USBC member
under 21 years of age)

Name _____ Date _____

Address _____

City, State,

Zip _____ County _____

Phone _____ Email _____ Birthdate: _____

High School Attending _____ GPA _____ (Attach Transcripts)

College Attended (if any) _____ GPA _____ Major _____

USBC # _____ How long have you been a sanctioned bowler? _____

Please submit answers to the following on a separate sheet.

1. School activities involved in (offices held, list high school and college separately):
2. School honors/awards (list high school and college separately):
3. Bowling history (years bowled, number of leagues, awards, averages.)
Include highest average, highest series, and highest game.
4. Civic and community service:
5. Other activities:
6. Employment record (if any) - include reference name/s and reason why you left each position.
7. Outline your plans to further your education. Indicate school of your choice and possible major.
Have you been accepted?
8. What do you plan to do after you complete your education?
9. State why you are applying for this scholarship.

COACH'S EVALUATION AND DATA SHEET

Applicant Name _____

Coach Printed Name _____

Bowling Center _____ City _____

1. How many years has applicant bowled? _____
2. Number of league games bowled through January 31? _____
3. Number of games bowled through January 31? _____
4. Applicants' average as of January 31 (minimum 15 games) _____
5. Does applicant know how to keep score? Yes _____ No _____
6. Can applicant properly complete a league score sheet? Yes _____ No _____
7. Does applicant observe lane courtesy rules? Yes _____ No _____
8. Does applicant observe proper lane conduct? Yes _____ Most times _____ No _____
9. Did applicant bowl in last year's Tournament? Yes _____ No _____

COACH'S COMMENTS: _____

This completed application **must** include an official transcript with ACT/SAT (or equivalent) scores. The Coach's Evaluation and Data Sheet.

Deadline for submitting this application is February 28th.

Scholarship will be issued for students' second semester of school.

Submit completed application to:

Stark County USBC
Scholarship Committee
1414 Market Ave N
Canton, Oh 44714

Signature of Applicant

**Signature of Parent or Guardian
(if Applicant is under 18)**

Please initial the following statements as proof that you have read and agree to these conditions pertaining to the Stark County USBC scholarship.

_____ If I am selected as the recipient of this scholarship, I agree that a representative of the Stark County USBC may be permitted to present this scholarship during the schools' Award assembly, providing your school has such an event.

_____ The scholarship will be considered null and void if you are to receive full ride funding from another organization.