

**USBC**  
**Wisconsin State Youth**  
**Association**

**YOUTH BOWLING SCHOLARSHIP**

**SCHOLARSHIPS TOTALING \$12,000.00 AVAILABLE**

APPLICATION FORM #3 HIGH SCHOOL DATA

Name of applicant \_\_\_\_\_

To the person filling out this form: The above applicant is applying for a Wisconsin State USBC Youth Association Scholarship. All information is confidential.

Name of high school \_\_\_\_\_

Address of school \_\_\_\_\_  
(Street) (City) (Zip)

Person filling out this form \_\_\_\_\_  
(Please print your Name)

Address \_\_\_\_\_ Phone \_\_\_\_\_  
(Street) (City) (Zip) Area Code

Composite National Standard Score - A.C.T. or S.A.T. \_\_\_\_\_

1. Cumulative grade point average for seven semesters \_\_\_\_\_

2. Personality record \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Additional comments that would be helpful in evaluation. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please attach transcript of grades.

Signature \_\_\_\_\_

BEFORE February 22, RETURN THIS HIGH SCHOOL DATA FORM #3 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 TO THE  
WISCONSIN STATE USBC YA BY March 1**

**Scholarships  
Wisconsin State USBC YA  
3682 State Highway 13  
Wisconsin Dells, WI 53965**

**HIGH SCHOOL COPY**