

USBC
**Wisconsin State Youth
Association**

YOUTH BOWLING SCHOLARSHIP

SCHOLARSHIPS TOTALING \$13,500.00 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. _____

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