



**CENTRAL TEXAS USBC
YOUTH SCHOLARSHIP APPLICATION**

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED BY THE COMMITTEE!!

PLEASE PRINT OR TYPE

Applicants must meet the following general qualifications:

1. Be a graduating senior of one of the area high schools.
2. Enrolled or plan to enroll and pursue a degree at a 2 or 4 year accredited college or university, or vocational technical school.
3. Be a current member in good standing of the Central Texas USBC (CTUSBC) and United States Bowling Congress (USBC).

Applicants must submit the following by 1 March

1. This application.
2. GPA as of end of 11th grade.
3. Achievements and activities
4. Two letters of recommendation, one of which must be from a teacher, counselor, or school administrator.
5. One page statement from the applicant explaining why (s)he deserves this scholarship

ACTIVITIES AND ACHIEVEMENTS (DURING 4 YEARS OF HIGH SCHOOL)

FOR THE FOLLOWING, SPECIFY THE NUMBER OF YEARS INVOLVED, OFFICES HELD, HONORS AND AWARDS EARNED; AND ANY OTHER INFORMATION YOU DEEM IMPORTANT ABOUT EACH ACTIVITY. USE A SEPARATE SHEET OF PAPER IF ADDITIONAL SPACE IS NEEDED.

BOWLING ACTIVITIES AND EXPERIENCE (Please list all leagues, tournaments, and office held):

WORK EXPERIENCE (Please explain):

EXTRA-CURRICULAR ACTIVITIES, (e.g. band, yearbook, drama, key club) (Please explain):

COMMUNITY AND VOLUNTEER ACTIVITIES (e.g. Church, Scouting) (Please explain)

ATHLETIC ACTIVITIES (Please explain):

ACADEMIC, ATHLETIC, AND OTHER AWARDS (Please explain):

FOR USE BY HIGH SCHOOL COUNSELOR OR TEACHER

Please rate the applicant's demonstrated traits and explain:

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	UNSATISFACTORY	PLEASE EXPLAIN
INTEGRITY						
CITIZENSHIP						
LEADERSHIP						
ORAL COMMUNICATION						

OFFICIAL'S NAME AND POSITION: _____

SIGNATURE: _____ **DATE:** _____

(IF ADDITIONAL SPACE IS REQUIRED, PLEASE ATTACH SEPARATE SHEET OF PAPER TO THIS FORM)



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PLEASE RETURN THIS FORM NO LATER THAN 1 MARCH OF THE CURRENT BOWLING SEASON.

BOWLER NAME			
GENDER	BOY		GIRL
ADDRESS (Complete mailing address)			
PHONE		DATE OF BIRTH	
NUMBER OF YEARS BOWLING IN GKFHUSBC		TOTAL NUMBER OF YEARS BOWLING	
HIGH SCHOOL ATTENDING		GPA	
DATE OF GRADUATION		AGE	
MOTHER'S NAME		FATHER'S NAME	
FUTURE PLANS			
COLLEGE PLAN TO ATTEND		DEGREE PLAN	
Scholarship funds will be paid directly to the financial aid office of an accredited college, university, or vocational technical school when verification of enrollment is received. This scholarship is valid for 24 months from the date of graduation from high school. If not used within that time, all funds awarded shall be forfeited.			
If awarded this scholarship, I understand I must begin my post-secondary studies within 24 months of my graduation date from high school or I forfeit all rights to the scholarship.			
STUDENT'S SIGNATURE: _____		DATE: _____	
PARENT/GUARDIAN RELEASE STATEMENT (We) (I) Authorized the release of our/my child's grade point average and classes ranking to the Greater Killeen Fort Hood United States Bowling Congress for the expressed purpose of evaluation this scholarship application.			
PARENT/GUARDIAN SIGNATURE: _____		DATE: _____	

**MAIL FORM WITH ATTACHMENTS TO
CENTRAL TEXAS USBC
302 ATLAS AVENUE, KILLEEN TX 76542**