

**Dunkirk Lakeshore USBC Bowling Association
Educational Awards**

**Application
(Graduating High School Senior)**

Name _____ Date _____

Address _____ Phone _____

[Street]

Age _____ Date of Birth _____

[City]

[State]

[Zip]

Parents/Guardians (Full Names) _____

Address _____ Phone _____

USBC Membership Number _____

USBC League Name _____ Bowling Center _____

Number of years bowling _____ Offices held in leagues, if any _____

Bowling Honors and Awards _____

School Activities and Offices Held _____

School of Higher Education applied to _____

School you plan to attend _____

Course of Study _____

Will you work while attending school? Yes _____ No _____

Please state briefly why you consider yourself a viable candidate for this award:

To my knowledge, the above statements are correct.

Applicant's signature

Parent's signature

**Dunkirk Lakeshore USBC Bowling Association
Educational Awards**

**League Official's Evaluation Sheet
(Graduating High School Senior)**

Applicant's Name _____

Address _____

League Official _____

Address _____

Highest average as of February 1st _____ Number of Games _____ (39 min.)

Number of Years Applicant has bowled in USBC (YABA) leagues _____

League Offices held by applicant, if any _____

Bowling Honors and Awards _____

Please state briefly why you consider the applicant a viable candidate for this award:

Signature of league official

Note to League Official: Please send pages 1 & 2. Must be postmarked by March 31, 2017 to:

Roberta Patterson, Chair Person
8814 Onthank Road
Portland, NY 14769
Phone: 792-9657

**Dunkirk Lakeshore USBC Bowling Association
Educational Awards**

**School Guidance Counselor
(Graduating High School Senior)**

Applicant's Name _____
Address _____

Official or Counselor _____
High School _____ Phone _____
Address _____

School Official or Counselor:

Please complete this sheet to enable this student to apply for an Educational Award from the Dunkirk Lakeshore USBC Bowling Association. All answers will be confidential. Please mail completed sheet and transcript to Chair Person Roberta Patterson (address below). This form must be postmarked by March 31, 2016.

PLEASE ATTACH TRANSCRIPT OF GRADES.

Also, list grade point average (based on 4.0) for the following full years:

Grade 9 _____ Grade 10 _____ Grade 11 _____

SAT score and/or other aptitude _____

Class Rank _____

Extra Curricular Activities _____

FAILURE TO FILL IN BLANKS COULD DISQUALIFY APPLICANT

Please state briefly why you consider the applicant a viable candidate for this award:

Signature of Official or Counselor

Position (Title) _____

Roberta Patterson, Chair Person
8814 Onthank Road
Portland, NY 14769

Phone: 792-9657