

## Middle Georgia USBC

## SCHOLARSHIP PROGRAM APPLICATION

1Full Name	Street Address	
2 City	State	————Zip
3. ( )	~	г
Area Code Telephone #	SSN (used for SMART Scholarship accoun	it)
l		
Current USBC Youth Certification #	# Local Association / Youth League	
5. How many years have you been a meml	ber of Middle Georgia USBC Youth?	
6. Have you ever been suspended from US	SBC Youth YesNo	
7. List names of leagues in which you pres	sently bowl:	
B. Member of Youth Leaders? No		
9. Are you a student coach? Yes	No Letter required from coach.	
10. Number of years you have bowled in the	e following Tournaments:	
State Local Youth	Leaders Pepsi	
11. Names of High School and Colleges and	d years attending:	
12. Are you receiving other financial aid or	scholarships? No Yes (list from where	e)
13. What college do you plan to enter or are	e now attending:	
14. School activities and offices held:		
15. After school jobs:		
Hours worked:		

SCHOLARSHIP APPLICATION WITH ALL SUPPORTING DOCUMENTS MUST BE COMPLETED IN FULL BY THE APPLICANT AND MUST REACH THE SCHOLARSHIP CHAIRMAN OR BE DELIVERED TO YOUR BOWLING CENTER NO LATER THAN MAY  $1^{\rm ST}$  OF THE YEAR SUBMITTED.