

NEW YORK STATE WOMEN'S 600 BOWLING CLUB
EDUCATIONAL AWARD
GRADUATING HIGH SCHOOL FEMALE

ELIGIBILITY: Any graduating high school female who has applied to a school of higher education (college, university, vocational, technical) is eligible to receive the Educational Award, providing the student meets the following requirements:

1. A member of a league certified by the NYS USBC Youth Association and is in good standing for the current season.
2. Has bowled a minimum of 39 games within the current season.
3. Is sponsored by a **CURRENT MEMBER OF THE NYSW 600 BOWLING CLUB.**
4. Submits an application giving complete information as required by **March 1st**.
5. Application to be submitted to the Chairman of the Committee.

EDUCATIONAL AWARD: Scholarship money will be administered by the **USBC SMART PROGRAM** and will be available until the recipient reaches the age of 22 as of August 1st. Recipients will receive complete information directly from **SMART** as soon as the Scholarship Committee forwards their information. All questions and/or requests for extensions must be directed to **SMART**.

APPLICATION PROCEDURE:

1. Check with your League Official, School Official or Counselor, and your NYSW 600 Bowling Club sponsor to make sure all of the application pages have been mailed. Thank them for their help and cooperation. Incomplete applications will not be considered.
2. All pages must be returned to the Chairman by **March 1st.**

Any questions, contact the Chairman, or the New York State Women's 600 Bowling Club Office at (315) 483-8612. For additional applications visit our web site NYSW600Club.com.

Mrs. Connie Canfield, Chairman
1288 Scribner Hollow Road
East Jewett, NY 12424-5538
(518) 589-5319
cmc600ed@gmail.com

**NEW YORK STATE WOMEN'S 600 BOWLING CLUB
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APPLICATION

Applicant's Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Phone () _____ E-Mail Address _____

Age _____ Date of Birth _____ Place of Birth _____

Parents/Guardians Full Name _____

(Applicants Signature) (Parent/Guardian Signature)
NYS USBC Youth Membership Number _____ League Name _____

Bowling Center _____

Community & Civic Activities _____

Colleges applied to _____

School you plan to attend _____ Course of Study _____

Are you currently working? Yes ___ No ___

Will you work while attending school? Yes ___ No ___

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

NOTE: Please send to Chairman **by March 1st**

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**NEW YORK STATE WOMEN'S 600 BOWLING CLUB
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LEAGUE OFFICIALS EVALUATION SHEET

Applicants Name _____ Phone (____) _____
(Last) (First) (Middle)

Address _____ E-Mail _____
(Street) (City) (State) (Zip)

LEAGUE OFFICIAL'S NAME _____

Address _____
(Street) (City) (State) (Zip)

Phone (____) _____ E-Mail _____

Average as of JAN.1ST (39 games Minimum) _____ Center Name _____

Number of year's applicant has bowled in a NYS USBC Youth League _____

League offices held by Applicant _____

Bowling Honors & Awards _____

Please state briefly why she is a viable candidate for this award _____

(Signature of League Official)

(Date)

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**NEW YORK STATE WOMEN'S 600 BOWLING CLUB
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SCHOOL OFFICIAL OR COUNSELOR'S EVALUATION SHEET

Applicants Name _____ Phone (____) _____

Address _____ E-Mail _____
(Street) (City) (State) (Zip)

OFFICIAL/COUNSELOR _____ School _____
(Name)

Address _____
(Street) (City) (State) (Zip)

Phone (____) _____ E-Mail Address _____

YOU MUST ATTACH TRANSCRIPT OF GRADES

(ALL ANSWERS WILL BE KEPT CONFIDENTIAL)

GRADE 9 _____

GRADE 10 _____

GRADE 11 _____

Class Rank _____

SAT Score and/or other aptitude tests _____

School Activities & Offices Held _____

(FAILURE TO FILL IN BLANKS COULD DISQUALIFY CANDIDATE)

Please state briefly why you consider the applicant a viable candidate. _____

(Signature)

(Position)

(Date)

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**NEW YORK STATE WOMEN’S 600 BOWLING CLUB
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SPONSOR’S EVALUATION SHEET

**YOU MUST BE A CURRENT MEMBER OF THE NYS WOMEN’S 600 BOWLING CLUB TO
SPONSOR A CANDIDATE**

Applicants Name _____ Phone (____) _____

Address _____ E-Mail _____
(Street) (City) (State) (Zip)

SPONSOR’S NAME _____

Address _____
(Street) (City) (State) (Zip)

Phone (____) _____ E-Mail _____

USBC Membership Number _____ Local USBC Association _____

NYSW 600 Bowling Club Number _____ Local 600 Bowling Club _____

Relationship to Applicant (If Any) _____

Number of years you have known the applicant _____

Please state briefly why you consider the applicant a viable candidate _____

(Sponsor’s Signature)

(Date)

NOTE: Please send to Chairman by **March 1st**.

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