Eligibility Requirements:

Any New York State female USBC Youth certified bowler, graduating from a high school and/or a first year college student, is eligible to receive the scholarship, provided the following requirements are met.

1. The applicant is a member of a New York State USBC Youth certified league and is in good standing for the current season.

2. The applicant has bowled a minimum of thirty (30) games.

3. The completed application must be postmarked no later than March 1st. Mail to either chairperson of the scholarship committee below:

   Joan Cumoletti
   335 E Main St
   Sackets Harbor NY 13685

   or

   Paulette Shimel
   33498 Shimel Rd
   Lafargeville, NY 13656

Scholarship Award

One (1) scholarship of $500.00 may be granted at the discretion of the scholarship committee. The scholarship recipient will receive $250.00 at the commencement of the first (1st) semester of study and will receive $250.00 at the commencement of the second semester of study.

Application Procedure:

1. **Applicant** must complete and execute Page 1.

2. **League Official** must complete and execute Page 2.

3. **School Official** must complete and execute Page 3.

4. **Applicant** must write an essay “What impact bowling has had on my life.”
List extracurricular activities (bowling honors, school, community, civic) and the number of years in each. **Please use back of page if necessary.**

Name and address of school you currently attend:

Which school(s) of higher education have you applied? (Please attach any copy of letter of acceptance(s) you have received to date.)

Proposed course of study:

*I hereby certify the above information to be true and correct to the best of my knowledge.*

(Applicant’s Signature)     Date
This section to be completed by League Official

Name of applicant: __________________________________________________________
Number of years applicant has bowled in a USBC Youth program (current year = 1): __________
Name of leagues (s) in which applicant bowls: __________________________________________
Has applicant bowled a minimum of 30 games as of February 1st? Yes _____ No _____
Applicant’s average of February 1st. ________________________________________________
Offices held by applicant in youth leagues and number of years in each office:
______________________________________________________________________________
______________________________________________________________________________

Does applicant set a good example for the other bowlers? Yes _____ No _____
If yes, why?
______________________________________________________________________________
______________________________________________________________________________

Did applicant bowl in last USBC Youth tournament? Yes _____ No _____
Did applicant bowl in last N.Y. S. USBC Youth Team tournament? Yes _____ No _____
Please list the applicant’s bowling awards and honors, including number and type of USBC Youth,
awards and league awards earned.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Additional remarks helpful to evaluate this applicant:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

I hereby certify the above information to be true and correct to the best of my knowledge.

(League Official Signature) ____________________________________ Date _______________
Please complete the following information to enable the applicant to apply for the New York State Women’s 500 Club Curtis / Memorial Scholarship. All information is confidential. A current transcript of grades for a minimum of the past three (3) years must accompany this application. Failure to attach the transcripts would disqualify the applicant.

Applicant’s Name: ____________________________________________

School Official Name: ___________________________ School Phone: ________________

School Name: ___________________________ Current Grade Point Average: ________

Additional information which may be helpful in evaluating this applicant:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I hereby certify the above information to be true and correct to the best of my knowledge.

__________________________                  _______________
(School Official Signature)                        Date