



**New York State USBC Scholarship Program**  
**Youth Scholarship Award for Graduating Seniors Application**

**SCHOOL OFFICIAL / COUNSELOR'S EVALUATION & DATA SHEET**

**Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant Phone:** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Parent/Guardian Phone:** \_\_\_\_\_

**Name of School Official:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Official/Counselor:** Please complete this sheet and attach a transcript of grades and the applicants' letter of recommendation, **POSTMARKED NO LATER THAN April 1<sup>st</sup>**. This will enable this student to apply for a scholarship award from the New York State USBC Scholarship Program. All answers are confidential. Failure to fill in all blanks could disqualify the applicant.

List grade point average (*based on 4.0 scale*) for the following full years:

**Grade 9:** \_\_\_\_\_ **Grade 10:** \_\_\_\_\_ **Grade 11:** \_\_\_\_\_

**SAT Scores** (*and/or other aptitude tests*): \_\_\_\_\_

**Class Rank:** \_\_\_\_\_ / \_\_\_\_\_

**Extracurricular Activities:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Additional Remarks:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Signature of School Official*

\_\_\_\_\_  
*School Official E-mail Address*

\_\_\_\_\_  
*Signature of Applicant*

PLEASE MAIL TO:

New York State USBC Scholarship Program  
134 McFarland Avenue  
Staten Island, NY 10305

QUESTIONS:

frankjwilkinson@gmail.com  
LDEH123@aol.com