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 1st. 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