



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

YOUTH OFFICIAL EVALUATION & DATA SHEET

Applicant: _____ **Date:** _____

Applicant Phone: _____ **E-Mail** _____

Parent/Guardian Phone: _____

Name of Youth Official: _____

Bowling Center: _____ **Phone:** _____

Youth Official: Please complete this sheet and attach a current Standing Sheet from the applicants bowling program, **POSTMARKED NO LATER THAN April 1st**. This will enable this athlete 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.

Youth Program: _____

Program Start Date: _____

Remarks about the Applicant: _____

Signature of Youth Official

Youth 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