

(2) Connecticut State USBC Association 2017 Scholar of the Year Awards
\$1000.00 Each

ELIGIBILITY REQUIREMENTS: (There are 2 academic scholarships available.)

- 1a. Applicant shall be USBC member that holds a current youth membership OR at least one of the applicant's parents OR at least one of the applicant's grandparents is a currently sanctioned member of the Connecticut State USBC Assn.
- 1b. Applicant's mother or grandmother is a currently sanctioned member of the Connecticut State USBC Association.
2. Applicant shall be entering an institution of higher learning in the summer or fall semester following graduation from a Connecticut High School.
3. All documentation **MUST** be postmarked by **March 15, 2017**.
4. The top five overall candidates will be required to attend an interview.

OTHER REQUIREMENTS:

1. The application packet must contain the following:
 - a) Scholarship application completely filled out.
 - b) Letter from applicant expressing interest in scholarship award(s).
 - c) All schools applied to and all acceptances received.
 - d) Organizations, clubs, sports, etc., in which you have participated at school.
 - e) Any awards or scholastic honors received during high school.
 - f) Organizations, clubs, sports, etc., in which you have participated outside of school.
 - g) Offices held in these organizations and any honors or awards received.
 - h) Hobbies and special interests.
 - i) Employment, if any.
 - j) Future goals and plans.
 - k) Additional information you consider pertinent.
 - l) School Profile should be included with application.
 - m) **Official transcript of grades including FIRST SEMESTER grades.**
 - n) At least one personal letter of recommendation must be submitted.

APPLICANT'S NAME _____ AGE _____ SEX _____
ADDRESS _____ TOWN _____ ZIP _____ PHONE _____
CT BOWLING MEMBER'S NAME _____ RELATION _____
CT BOWLING MEMBER'S ADDRESS _____ PHONE _____
LOCAL BOWLING ASSOCIATION _____ USBC NO. _____
NAME OF BOWLING LEAGUE(S) _____
HIGH SCHOOL _____ PHONE _____
SCHOOL ADDRESS _____
APPLICANT'S RANK _____ NO. STUDENTS _____ OVERALL AVG _____
FOR WHICH SCHOLARSHIP(S) ARE YOU APPLYING? (PLEASE CHECK ONE) (See Eligibility Requirements above)
1a. _____ 1b. _____ Both _____

SCHOOL OFFICIAL'S NAME _____ TITLE _____

SCHOOL OFFICIAL'S SIGNATURE _____

*** ALL DOCUMENTATION MUST BE POSTMARKED BY MARCH 15, 2017**

**** NOTE: SCHOOL OFFICIAL MUST SIGN APPLICATION.**

PLEASE RETURN COMPLETED APPLICATION AND FORMS TO:

ANNIE GALLANT
55 EDWARDSEN STREET
DANIELSON, CT 06239-4114