

## (2) Connecticut State USBC Association 2019 Scholar of the Year Awards \$1000.00 Each

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

1. 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 CT 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 18, 2019**.
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) At least one personal letter of recommendation must be submitted.
  - n) **Official transcript of grades including FIRST SEMESTER grades.**

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 \_\_\_\_\_

SCHOOL OFFICIAL'S NAME \_\_\_\_\_ TITLE \_\_\_\_\_

SCHOOL OFFICIAL'S SIGNATURE (Required) \_\_\_\_\_

**\* ALL DOCUMENTATION MUST BE POSTMARKED BY MARCH 18, 2019**

PLEASE RETURN COMPLETED APPLICATION AND FORMS TO:

DOLORES VOELKER  
11 WILLOW LANE  
CLINTON, CT 06413