

Connecticut State USBC Association 2021 Scholar of the Year Award (2)

\$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 currently a sanctioned member of the CT State USBC Association as of November 1st of the current year.
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 31, 2021**
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 _____

SCHOOL OFFICIAL'S SIGNATURE (Required) _____ TITLE _____

*** ALL DOCUMENTS MUST BE POSTMARKED BY MARCH 31st, 2021**

PLEASE RETURN COMPLETED APPLICATION AND FORMS TO:
BETH TURGEON
30 MEADOW STREET
SEYMOUR, CT 06483