

**OHIO USBC WOMEN'S BOWLING ASSOCIATION
SCHOLARSHIP PROGRAM
APPLICATION FORM**
(Please type or complete electronically at www.ohiowba.com)
(Applicant must be a female USBC member)

Name _____ Date _____

Address _____

City, State, Zip _____

Phone _____ Birthdate: _____ USBC # _____

E-mail _____ (for Ohio USBC WBA use only)

Ohio USBC WBA/Ohio State USBC Youth Local Association _____

High School Attended _____ GPA _____ (Attach Transcripts)

College Attended (if any) _____ GPA _____ Major _____

Please submit answer the following on a separate sheet.

1. School activities involved in (offices held, list high school and college separately):
2. School honors/awards (list high school and college separately):
3. Bowling history (years bowled, number of leagues, awards, averages, offices, youth leadership, coaching, etc.). Include highest average, highest series, and highest game.
4. Civic and community service:
5. Other activities:
6. Employment record (if any) - include reference name/s and reason why you left each position.
7. Outline your plans to further your education. Indicate school of your choice and possible major.
8. What do you plan to do after you complete your education?
9. State why you are applying for this scholarship.

11/08

Rev.08/13

Rev. 05/16

Ohio WBA Scholarship Application – Page 2

The completed application **must** include at least **two (2) current** letters of recommendation **and** official transcript(s) (**include high school and college**), **and ACT/SAT (or equivalent) scores**. One letter must be from a person who can confirm your academic ability such as a guidance counselor/teacher and the other from a person who can confirm your bowling achievements and involvements. **Please submit letters from people other than a parent or guardian. Photo must be included.** If a transcript is no longer available, please explain why. **Mail all material to:**

**Ohio USBC WBA Scholarship
P.O. Box 752048
Centerville, Ohio 45475**

DEADLINE for submitting applications is March 15.

You will be notified of the decision made by the Ohio USBC Women’s Bowling Association Board of Directors after its May board meeting.

Signature of Applicant

**Signature of Parent or Guardian
(if applicant is under 18)**

Please initial the following statements as proof that you have read and agree to these conditions pertaining to the Ohio USBC WBA scholarship.

_____ If I am selected as the recipient of this scholarship, I agree that a representative of the Ohio USBC WBA may be permitted to present this scholarship during the school’s award assembly, providing your school has such an event.

_____ This scholarship will be considered null and void if you are to receive full ride funding from another organization.