

ADA COUNTY BOWLING COUNCIL MEMORIAL SCHOLARSHIP FUND

INSTRUCTIONS TO APPLICANT

ELIGIBILITY RULES:

Any graduating high school senior or college student is eligible to receive a scholarship, providing the student (male or female) meets the following requirements:

- * Files a typewritten application furnished by the Scholarship Fund Committee, giving complete information as required thereon. Hand delivered or postmarked no later than January 29th Application is to be filed with the ACBC, who in turn will refer the applications to the committee.
- * Has unimpaired amateur standing in all athletics.

APPLICATION PROCEDURES:

- * Complete Pages #1 and #2.
- * Submit a handwritten essay of at least 150 words outlining your special interests and goals. Include in what way this scholarship will be used. Judging will be based upon inclusion of specific plans, clarity, organization and neatness.
- * Give Page #3 to a school official or your school counselor along with a stamped envelope addressed to the ACBC President and request either one complete Page #3 and mail it to the ACBC President. It must be postmarked on or before January 29th of the year in which the application is to be considered.

Mail the information to: Ada County Bowling Council
 P.O. Box 190857
 Boise, Idaho 83719-0857

The winner will be determined on a point system and awarded at the ACBC Annual Awards Dinner.

**ADA COUNTY BOWLING COUNCIL
APPLICATION FOR SCHOLARSHIP**

Name _____ Date _____

Address _____ Phone _____

Age _____ Date of Birth _____ Soc. Sec _____

Parent or Guardian (Full Name) _____

Name of High School/College _____

Number of year's applicant has bowled in youth leagues (count current season as one year): _____

Offices held by applicant in youth leagues and number of years in each office (count current season as one year): _____

President _____ Sergeant-at-Arms _____

Vice President _____ Team Captain _____

Secretary _____ Junior Leader _____

Offices held in Youth Leaders (count current season as one year). _____

Are you a league bowler? Yes _____ No _____

To Be Filled Out Only if Applicant is a Sanctioned League Bowler:

Number of league session's applicant was absent this season: _____

Average as of December 1st (minimum 2/3 of league games) _____

Do you observe bowling etiquette/sportsmanship? Yes _____ No _____

Do you set a good example for other bowlers? Yes _____ No _____

Did you bowl in the last city tournament? Yes _____ No _____

Are you a student or adult coach? Yes _____ No _____

Did you bowl in the last state tournament? Yes _____ No _____

(If answer is No, state reason)

Bowling Honors and Awards: _____

School Activities and Offices Held: _____

**ADA COUNTY BOWLING COUNCIL
SCHOLARSHIP APPLICATION**

Community and Civic Activities: _____

To what Colleges have you applied? _____

Which College will you attend? _____

What is Your Major Course of Study? _____

What is your Minor Course of Study? _____

STATEMENT OF NEED

Are you living at home _____ or on your own? _____

Approximate Annual Income \$ _____

Other grants, aids or scholarships are you receiving _____

Other information you feel pertains to your need situation: _____

I understand that the information provided in this application, including my financial needs statement will be reviewed by the Ada County Bowling Council Members in deciding the recipient of this scholarship. I agree to the releasing of this information to the above mentioned. I also understand that the scholarship committee may conduct interviews with the applicant to assist in deciding the recipient of this scholarship.

Signed _____ Date _____

**ADA COUNTY BOWLING COUNCIL
SCHOLARSHIP APPLICATION**

SCHOOL OFFICIAL OR COUNSELOR'S EVALUATION & DATA SHEET

Applicant's Name _____ Date _____

Last First Middle

Applicant's Address _____

Street City State Zip

Name of Official or Counselor _____

Address _____ Phone _____

Official or Counselor: Please complete this evaluation/data sheet to enable this student to apply for a scholarship from the Ada County Bowling Council. (ACBC) All answers will be confidential. Please mail completed form and transcript to the ACBC President (Addressed envelope is attached for your convenience). This must be postmarked no later than January 29th to make students eligible.

Please attach transcripts showing classes taken in the last two semesters.

Accumulative Grade Point Average: _____

Class Rank: _____

Personality record: _____

Activities in school _____

Any additional remarks you think would be helpful in evaluating this student: _____

Signature of Official or Counselor

Position/Title