

# ***Wyoming State USBC Memorial Scholarship***

Any person that is 19 years of age or older and bowling in a Wyoming Bowling Center in an adult sanctioned league may apply. This scholarship can be used at any school of higher learning.

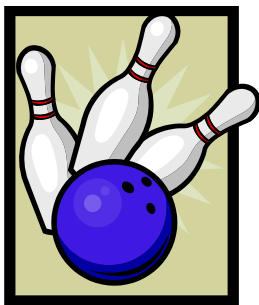
Any person or organization is welcome to donate to this perpetual fund by sending a donation.

To apply, donate, or find out more-contact:

Elaine Overman  
1490 Kelly Drive  
Casper, Wyoming  
82609

307 473-8534

[elaineoverman@gmail.com](mailto:elaineoverman@gmail.com)



## WYOMING STATE USBC MEMORIAL SCHOLARSHIP

1. Application open to any adult bowler aged 19 or over who is currently bowling in a Wyoming Bowling Center in a sanctioned adult league.
2. Application must be complete with necessary information and a "bowling in Wyoming" history.
3. Four letters must accompany application as per the following:
  - 1) Recommendation of bowling proprietor or association officer
  - 2) Recommendation of personal friend or relative
  - 3) Recommendation of business associate
  - 4) Cover letter of need, bowling history, etc. from the candidate
4. One scholarship, per bowler, will be awarded each year for no less than \$150, but no more than \$500 at state board's discretion.
5. Scholarship will be awarded on basis of bowling participation first and then financial need.
6. Applications deadline is **MAY 1** of current year.

### APPLICATION FORM

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ SSN \_\_\_\_\_

\_\_\_\_\_ Birth Date \_\_\_\_\_

School you wish to attend: \_\_\_\_\_

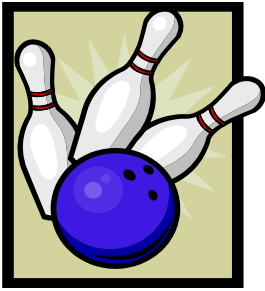
Address: \_\_\_\_\_

\_\_\_\_\_

Have you been accepted at this school? \_\_\_\_ Yes \_\_\_\_ No

Please fill out history worksheet

Send application and letters by **MAY 1** to: Elaine Overman  
1490 Kelly Dr.  
Casper, WY 82609  
307 473-8534  
[elaineoverman@gmail.com](mailto:elaineoverman@gmail.com)



**WYOMING STATE USBC MEMORIAL  
SCHOLARSHIP DONATION FORM**

Any person or organization is welcome to donate to this perpetual fund by sending their donation and the following information:

Name of deceased: \_\_\_\_\_

Name of Next of Kin: \_\_\_\_\_ Address: \_\_

\_\_\_\_\_

Donation made in the name of: \_\_\_\_\_

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Casper, WY 82609  
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