![C:\Users\Owner\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\WGCX1EG5\MC900324492[1].wmf]() ***Wyoming State USBC***

***Memorial Scholarship***

Any bowler that is 19 years of age or older and actively bowling in a Wyoming Bowling Center in a sanctioned adult 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:

Jessica Divis

10560B Hwy 59 S

Gillette, Wyoming

82718

307 660-0362

associationmanager@bowlwyo.com

**Revised 2020**

**WYOMING STATE USBC**

**MEMORIAL SCHOLARSHIP**

1. Application open to any adult bowler that has graduated from high school or an equivalency and 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.

**MEMORIAL SCHOLARSHIP**

**APPLICATION FORM**

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

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

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

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

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

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Will this be full time or part time \_\_\_\_\_\_Full \_\_\_\_\_\_\_Part time

How many credit hours? \_\_\_\_\_\_\_\_\_\_\_\_

What subjects will you be covering? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please fill out history worksheet

Send application and letters by **MAY 1** to: Jessica Divis

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 307 660-0362

 associationmanager@bowlwyo.com

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**MEMORIAL SCHOLARSHIP WORKSHEET**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Applicant  |   |  |  |  |
|  |  |  |  |  |
| **BOWLING HISTORY** |  |  |  |  |
|  | participating years |  |  |  |
|  League |  |  |  |  |
|  Travel League |  |  |  |  |
|  City Tournaments  |  |  |  |  |
|  State Tournaments  |  |  |  |  |
|  Pepsi  |  |  |  |  |
|  Adult Jr. Tournament  |  |  |  |  |
|  |  |  |  |  |
| **EXTRA PARTICIPATION** |  |  |  |  |
|  Team Captain  |  |  |  |  |
|  League Office held  |  |  |  |  |
|  Student Coach  |  |  |  |  |
|  State Assoc participation  |  |  |  |
|  |  |  |  |  |
| NON Bowling Participation |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| NOTES OF INTEREST  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

 **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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Name of Next of Kin:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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