



CAPITAL AREA USBC ASSOCIATION SCHOLARSHIP APPLICATION

Sponsored by the Capital Area USBC Association and private donations, these scholarships are to be used for the attendance of any recognized technical school, college, or university as approved by the CAUSBCA Scholarship Committee. Scholarship amounts are determined by funds available and must be used by September 1, 2017.

To be eligible, the applicant must:

- be graduating from high school in 2017
- be a current member of the Capital Area USBC Association and be a USBC youth member in good standing
- have an overall high school GPA of 2.5 or higher
- have entered and participated in at least one CAUSBCA youth tournament during either the 2015-2016 or 2016-2017 bowling seasons (next year, the criterion for this requirement may increase to 3 CAUSBCA youth tournaments in the 2016-2017 and 2017-2018 bowling seasons)

All parts of this application must be postmarked no later than March 3, 2017. Only complete applications bearing the 2016-2017 mark at the bottom of each page will be considered.

Please return complete application to:

Daniel Lau
Chair, Scholarship Committee
701 Copperline Dr Unit 203
Chapel Hill NC 27516

This application can be found at raleighbowling.com

YOUR INFORMATION

Full Name _____

Address _____

Telephone _____ Email _____

Date of Birth _____ USBC Member ID _____

YOUR HIGH SCHOOL INFORMATION

Name _____

Address _____

YOUR COLLEGE INFORMATION

List the colleges you have applied to:

List the colleges you have been accepted into (include Student ID, if known):

YOUR TOURNAMENT PARTICIPATION

List the year and name of at least one CAUSBCA youth tournament in which you entered and participated during the 2015-2016 or 2016-2017 bowling season:

YOUR ESSAYS

On a separate sheet of paper, with your name at the top:

Submit an essay of 500 words or fewer on how the lessons you have learned through academics, community involvement, and bowling have influenced your life and your goals for the future.

AND

Submit a statement explaining how a CAUSBCA scholarship will help you reach your educational goals. Include as much detail as you feel is necessary for the Scholarship Committee to understand your financial situation. Do not include tax or financial documents.

YOUR EXTRACURRICULAR ACTIVITIESList all offices held in class and school organizations _____
_____List your civic and community activities _____
_____**YOUR HONORS AND AWARDS**

List any honors and awards you have received from:

Class and school _____
_____Youth bowling _____
_____Civic and community activities _____
_____Other sports _____
_____**CHECKLIST**

When submitting your application, be sure to include:

- Both pages of this completed application (pages 1 & 2)
- Two letters of recommendation (pages 3 & 4)
- Your essays
- A sealed, official copy of your high school transcript

YOUR SIGNATURE

Applicant's signature _____ Date _____

Complete only if applicant is under 18 years of age:

Parent or guardian's signature _____ Date _____

By signing above, I consent to CAUSBCA contacting the applicant regarding this scholarship.



ACADEMIC RECOMMENDATION FOR
CAPITAL AREA USBC ASSOCIATION
SCHOLARSHIP

(to be completed by High School Counselor,
Principal, or Teacher)

APPLICANT'S NAME: _____

ADDRESS: _____

This is to certify that the above named applicant is a candidate for graduation from
_____ High School on _____ (date).

HIS/HER GRADUATING CLASS RANK: (most recent calculation)

Upper twenty-five percent	_____	in a class of	_____
Second twenty-five percent	_____	in a class of	_____
Third twenty-five percent	_____	in a class of	_____
Lower twenty-five percent	_____	in a class of	_____

SAT score(s) required for school applied to? Y or N

If yes, list scores: Critical Reading: _____ Mathematics: _____ Writing: _____ Total: _____

Has the applicant taken any other standardized tests? Y or N

If yes, list test taken and score:

RECOMMENDATION: (check one)

The applicant has my highest recommendation	_____
I recommend the applicant with confidence	_____
I recommend the applicant with some reservations	_____
I do not recommend the applicant	_____

SIGNATURE _____ DATE _____

NAME PRINTED _____

TITLE _____

TELEPHONE NUMBER _____

RETURN THIS FORM WITH APPLICATION AND OFFICIAL TRANSCRIPT TO:

Daniel Lau
Chair, Scholarship Committee
701 Copperline Dr Unit 203
Chapel Hill NC 27516



**PERSONAL RECOMMENDATION FOR
CAPITAL AREA USBC ASSOCIATION
SCHOLARSHIP**

(to be completed by a person acquainted with the applicant's character and readiness to pursue post-secondary education)

APPLICANT'S NAME: _____

How well, and in what capacity, do you know the applicant?

Please comment on any traits that give the applicant an advantage over other applicants for a CAUSBCA scholarship:

SIGNATURE _____ DATE _____

NAME PRINTED _____

TITLE _____

TELEPHONE NUMBER _____

RETURN THIS FORM TO:
Daniel Lau
Chair, Scholarship Committee
701 Copperline Dr Unit 203
Chapel Hill NC 27516