

OHIO GRAND PRIX SCHOLORSHIP PROGRAM

APPLICATION FOR RELEASE OF SCHOLORSHIP FUNDS

THIS FORM MUST BE COMPLETED FOR AUTHORIZATION TO RELEASE GRAND PRIX SCHOLORSHIP FUNDS THAT HAVE BEEN CREDITED TO:

YOUTH BOWLER: _____

STUDENT ID: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: () _____

EMAIL: _____

BOWLING CENTER: _____

IF YOU HAVE PARTICIPATED IN THE GRAND PRIX PROGRAM AT A CENTER OTHER THAN THE ONE LISTED ABOVE, LET US KNOW: (Please list ALL centers applicable)

FUNDS WILL BE PAID DIRECTLY TO THE COLLEGE, UNIVERSITY OR ACCREDITED INSTITUTION OF HIGHER LEARNING.

INSTITUTION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

THIS FORM MUST BE SIGNED BY ALL PARTIES:

YOUTH BOWLER _____ DATE: _____

PARENT _____ DATE: _____

BOWLING PROPRIETOR _____ DATE: _____

FOR OFFICE USE ONLY

BALANCE VERIFIED: \$ _____ DATE: _____

MAILED TO: _____

CHECK #: _____ DATE: _____

VERIFIED BY: _____

**THE FOUNDATION OF THE BOWLING CENTERS ASSOCIATION OF OHIO
P.O. BOX 750996 CENTERVILLE, OH 45475-0996**