



## SCHOLARSHIP APPLICATION

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

NAME & ADDRESS OF HIGH SCHOOL: \_\_\_\_\_

FATHER (OR GUARDIAN): \_\_\_\_\_ MOTHER (OR GUARDIAN): \_\_\_\_\_

HIS ADDRESS: \_\_\_\_\_ HER ADDRESS: \_\_\_\_\_

WHAT COLLEGE (S) HAVE YOU APPLIED TO? \_\_\_\_\_

HAVE YOU BEEN ACCEPTED? \_\_\_\_\_ COURSE OF STUDY \_\_\_\_\_

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USBC BOWLING LEAGUE \_\_\_\_\_ CENTER \_\_\_\_\_

USBC CARD NUMBER \_\_\_\_\_

HOW LONG HAVE YOU BEEN IN THE YOUTH PROGRAM? \_\_\_\_\_

HOW LONG HAVE YOU BEEN IN THIS LEAGUE? \_\_\_\_\_

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STUDENTS WILL SUBMIT THIS APPLICATION TO YOUR COUNSELOR.

THE COUNSELOR WILL PLEASE PROVIDE:

1. Transcript of grades.
2. SAT Score \_\_\_\_\_  
If no SAT use PSAT
3. Class Rank \_\_\_\_\_ in a class of \_\_\_\_\_

\_\_\_\_\_  
DATE

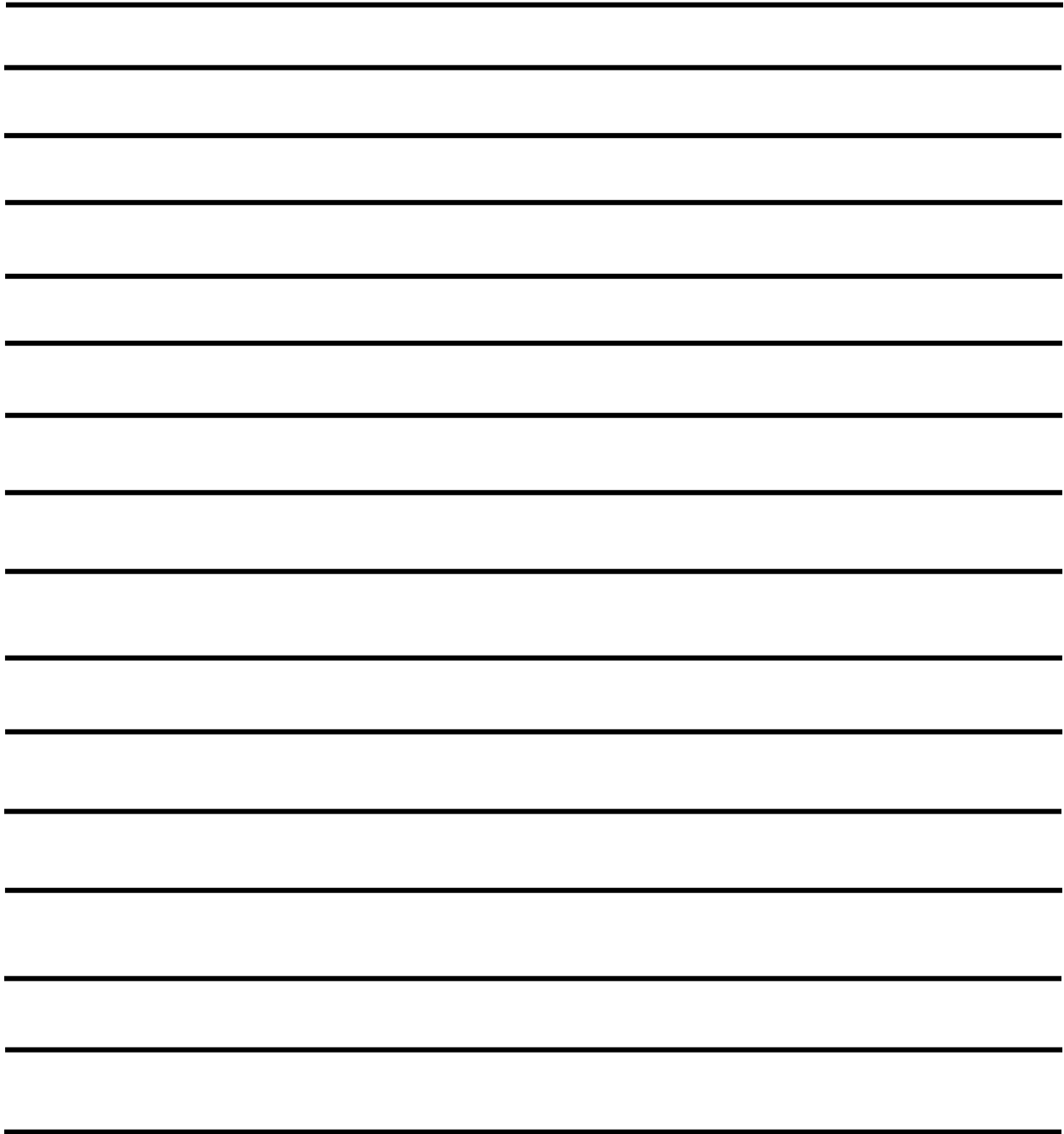
\_\_\_\_\_  
SIGNATURE OF SCHOOL OFFICIAL

COUNSELOR WILL PLEASE MAIL TO: Upstate SC USBC - Scholarship  
14 Caperton Way  
Greer, SC 29651  
864-444-3700

**THIS APPLICATION MUST BE COMPLETED AND RETURNED BY: April 01, 2025**

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PLEASE DETAIL YOUR POST HIGH SCHOOL EDUCATIONAL AIMS IN A SHORT ESSAY TITLED  
"WHY I DESIRE A SCHOLARSHIP". (USE THE ATTACHED PAGE OR ATTACH A TYPED DOCUMENT  
– 150 WORDS MINIMUM)





## Coach's Evaluation

Applicant's Name \_\_\_\_\_

Association \_\_\_\_\_ Bowling Center \_\_\_\_\_

Coach's Name \_\_\_\_\_ Title \_\_\_\_\_

Coach's Complete Address \_\_\_\_\_

Coach's Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

1. How many years has applicant bowled in youth league? \_\_\_\_\_

2. Number of games league has bowled through **3-15-25**? \_\_\_\_\_

3. Number of games applicant has bowled through **3-15-25**? \_\_\_\_\_

4. Did applicant join league after the league began? \_\_\_\_\_

5. If "yes" to #4, give number of games missed since joining through **3-15-25**? \_\_\_\_\_

6. Average as of **March 15, 2025** (minimum of 15 games):

Average \_\_\_\_\_ total pins \_\_\_\_\_ number of games \_\_\_\_\_

7. Has applicant ever served as:

League President \_\_\_\_\_

Vice President \_\_\_\_\_

Local Youth Leader \_\_\_\_\_

State Youth Leader \_\_\_\_\_

Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_

Youth coach \_\_\_\_\_

Team captain \_\_\_\_\_

8. Did applicant bowl in last year's city tournament? \_\_\_\_\_

9. Please include any additional bowling achievements you wish to be considered on a separate page.

Coach's Signature \_\_\_\_\_ Date \_\_\_\_\_

Coach's evaluation can be mailed or E-mailed to:

John Adkins  
Scholarship Committee Chairman  
14 Caperton Way  
Greer, SC 29651  
SCUSBC.John17@gmail.com

**Application Deadline April 1, 2025**