UPSTATE SC

# 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, 2026**

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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 **3-15-26**? _____

3. Number of games applicant has bowled through **3-15-26**? _____

4. Did applicant join league after the league began? _____

5. If "yes" to #4, give number of games missed since joining through **3-15-26**?_____

6. Average as of **March 15, 2026** (minimum of 15 games):

   Average_____ total pins_____ number of games_____

7. Has applicant ever served as:

| | | | |
|---|---|---|---|
| League President | _____ | Secretary | _____ |
| Vice President | _____ | Treasurer | _____ |
| Local Youth Leader | _____ | Youth coach | _____ |
| State Youth Leader | _____ | 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, 2026**