

**OHIO GRAND PRIX SCHOLARSHIP PROGRAM**

*APPLICATION FOR RELEASE OF SCHOLARSHIP FUNDS*

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

YOUTH BOWLER: \_\_\_\_\_

SSN OR STUDENT-ID #: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: ( ) \_\_\_\_\_

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: _____

<b>THE FOUNDATION OF THE BOWLING CENTERS ASSOCIATION OF OHIO P.O. BOX 750996 CENTERVILLE, OH 45475-0996</b>
---