



PENNSYLVANIA STATE BOWLING ASSOCIATION  
Official Scholarship Application

**IMPORTANT DIRECTIONS:**

- 1) On a separate sheet of paper, submit a brief (1-2 pages) autobiography including a description explaining your appraisal of your personal qualifications, including but not limited to youth bowling participation, outside activities, and offices held in bowling or non bowling activities for grades 9 - 12.
- 2) *You must have an official copy of your High School Transcript for grades 9 through 12 (first semester) sent directly to the PSBA Scholarship Committee Secretary (see the announcement page).*
- 3) Applications not containing these transcripts will not be considered and incomplete applications will be scored as submitted.

Applicant's Name \_\_\_\_\_ M / F (please circle)

Address \_\_\_\_\_  
Street City State Zip Code

Telephone (\_\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Father's Full Name \_\_\_\_\_

Father's Address \_\_\_\_\_

Mother's Full Name \_\_\_\_\_

Mother's Address \_\_\_\_\_

"DEPENDENTS", other than parents, as shown on the Federal Income Tax Return who reside in your household at least 9 months of the year or currently are attending college /similar institution of higher learning.

<u>Name:</u>	<u>Age</u>	<u>Relationship to applicant</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Attach another sheet if necessary)



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Grade Point Average OR Quality Point Average for Grades 9 - 12 = \_\_\_\_\_

Post-High School Institution(s) to which you have applied and/or been accepted:

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Total financial need for first academic year (if known).....\$ \_\_\_\_\_

Parents'/Guardians' Adjusted Gross Income(s)  
on last Federal Income Tax Return:..... \$ \_\_\_\_\_

Applicant's Adjusted Gross Income on last Federal Income Tax Return: \$ \_\_\_\_\_

Number of dependants "able to be" claimed for Federal Income Taxes: .... \_\_\_\_\_  
**(Parents are NOT included in this number)**

**BOWLING PARTICIPATION**

(all responses should refer to grades 8 - 12)

Number of years YABA / USBC Youth member ..... \_\_\_\_\_

Number of years ABC/WIBC or USBC member ..... \_\_\_\_\_

Number of years bowling in other organized leagues..... \_\_\_\_\_

Highest season average per game (21 or more games) ..... \_\_\_\_\_

**NON BOWLING SCHOOL OR COMMUNITY ACTIVITIES**

(For grades 9 - 12: List only different types of activities, i.e., not: 1) Little League, junior varsity baseball varsity baseball or 2) band, orchestra, pep band == these are considered to be varieties of the same activity)

<u>ACTIVITY</u>	<u>DATES of PARTICIPATION</u>	<u>OFFICES HELD (if any)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*(Attach another sheet if necessary)*

**IF I AM SELECTED TO RECEIVE A SCHOLARSHIP FROM THE PSBA, I HEREBY AFFIRM THE FOLLOWING:**



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1) If I do not attend or complete any semester for which the scholarship is intended, I will return the full amount of the scholarship so awarded to the Pennsylvania State Bowling Association.

2) I recognize that if I am awarded a scholarship by the Pennsylvania State Bowling Association, I will be receiving 1/2 of the award on or before September 15th upon submission to the Secretary of the PSBA Scholarship Committee proof of registration at my chosen institution of higher learning for the fall semester and the remaining 1/2 on or before January 31st upon submission of an official transcript of my grades for the fall semester and proof of registration for the spring semester.

3) I shall receive these funds directly even though this may affect my continued eligibility under the rules of the USBC Youth, unless I notify the PSBA to pay these funds to my chosen accredited institution of higher learning.

I/WE hereby certify that I/WE have completed this scholarship application intending that the Pennsylvania State Bowling Association will rely on the information contained therein in awarding scholarship(s). I/We certify that all of the information contained in this application is true and correct based upon my/our knowledge, information, and belief. By my/our signature(s) below, I /We reaffirm the accuracy of the information presented, and in making this affirmation, I/We understand that any false statements herein are made subject to the penalties of 18 [Pa.C.S.A. Section](#) 4904.

Dated: \_\_\_\_\_  
Signature of applicant

Dated: \_\_\_\_\_  
Signature of parent; guardian

Please mail the completed application, including this certification page, and high school transcripts to:

John Wagner  
Secretary, PSBA Scholarship Committee  
4720 Greensprings Ave.  
West Mifflin, Pa. 15122

A copy of this 3 page completed application must be postmarked by March 1<sup>st</sup>, 2008 to be considered.