You are applying for ALL APPLICABLE scholarships listed below:

1 – MT USBC Youth (boy or girl) (High Points Scored)	\$ 1,000.00
2 – MT USBC (1 boy & 1 girl)	\$ 750.00 EACH
1 – MT USBC Harvey L Pierce (boy)	\$ 500.00
1 – MT USBC Isabel Cummings (girl)	\$ 500.00
2 – MBPA Steve Ryan Memorial (1 boy & 1 girl)	\$ 500.00 EACH
2 – MBPA Gary Gerhardt Memorial (1 boy & 1 girl)	\$ 500.00 EACH

All MT USBC scholarships are awarded based on a point system, developed and/or specified by, the sponsors of the scholarships. All scholarships will be available to the selected individuals for a period of three (3) years after they graduate from high school. The Montana Bowling Proprietors Scholarship will be available for a period of 1 year. You will be considered for the above scholarships provided that the attached application pages and attachments are legible & completed entirely.

ELIGIBILITY REQUIREMENTS

To be considered, all candidates MUST:

- 1. Be a graduating senior.
- 2. Be a current member of a sanctioned USBC league in Montana and be in good standing for the current season.
- 3. Have unimpaired amateur standing in all athletic participation.
- 4. Have bowled at least three (3) years in a sanctioned USBC league in Montana.
- 5. NOT bowled or participated in MUSBC Adult leagues or tournaments, jackpots, Monte Carlo's, etc. *EXCEPTION* it is acceptable to bowl an adult singles league/tournament as long as any prize money is sent to SMART.
- 6. Plan on attending a college, university, vocational-technical school or other accredited school of higher learning.

APPLICATION PROCEDURE

Each Candidate will:

- 1. Fill out Part I, page 1 and 2, completely.
- 2. Give Part II to your Coach and ask that he/she complete the form and return it to you.
- 3. Give Part III to a Teacher or Counselor and request that they complete the form and return it to you. NOTE: When you give Part II to your Coach & Part III to your Teacher/Counselor, specify the date which you will need the completed form returned to you in order to allow time to mail the application.
- 4. If mailing application, submit the original fully completed application to the person and address listed below in a 9"x12" (or larger) envelope. Otherwise, scanning & emailing, or faxing is permissible. Keep a copy for your records. Do **NOT** staple or fold the application.
- 5. Make sure your applications are postmarked no later than March 1. Applications received by email or fax will be date stamped. **Applications postmarked after March 1 will not be accepted!**

SEND TO:	
	** Check list for completed application packet
	Application Parts I (page 1 & 2), II and III
	Applicant's Personal Essay
Tom Brendgord	1-page list of bowling honors and/or awards
Montana USBC Youth	Feb 1 league sheet for all current leagues
P.O. Box 51370	1 letter of recommendation from bowling coach
Billings, MT 59105	or league supervisor.
or Fax (406) 252-3220	Current school transcript
or Email: <u>t.brendgord@att.net</u>	up to 2 additional letters of recommendation

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$\underline{\mathsf{PART}}\ \mathsf{I}, \underline{\mathsf{PAGE}}\ \mathsf{1} - \underline{\mathsf{TO}}\ \mathsf{BE}\ \mathsf{COMPLETED}\ \mathsf{BY}\ \mathsf{CANDIDATE}$

(USE BLACK INK)

FIRST / Middle Initial/ LAST Name			
DATE of BIRTH:	_ AGE:	GENDER: M or F _	PHONE #:
E-MAIL Address:			
Home ADDRESS:			Date of High School Graduation
CITY:	ZIP: _		
Parents/Guardians (full name(s))			
Address (if different from above)			
Name of High School from which you wi	ll graduate: _		
College(s) applied to:			
Which College will you attend if accepted	1?		
What is your proposed course of study? _			
Do you plan to work during your college	years?		
List School Activities and Office Held if	·	•	
List Community & Civic Activities Outside	de of School a	and number of years invo	olved in each:

PART I, PAGE 2

USBC YOUTH BOWLER ID #	Name of Local Association:
Name of Bowling Center where you	primarily bowl league:
Number of years you have bowled in	a Montana Youth sanctioned league, count current year as one:
Have you ever bowled/participated in	n MUSBC Adult leagues or tournaments, jackpot tournaments, Monte Carlo's, etc?
Yes No If yes, explain	n:
Are you a certified coach?	Date and level of certification:
Highest Career Average:	Highest Career Game: Highest Career Series:
	am of 2/3 of League Schedule):sheet from all leagues currently bowling in)
(ex. Traveling League, Invitationals, N	OUTH Events or Tournaments other than your local city and state tournaments: ationals, etc.) List events & number of years participated.
ATTACH a 1 page list of bowling h	onors and/or awards. Include sanctioned YABA/USBC tournaments & events.
ATTACH up to 2 letters of recomme	endations (not including the one from your coach).
ATTACH your personal Essay on l	now bowling has helped you and what your plans are for the future.
SIGNATURE of Candidate:	Date:
**************************************	**************************************

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PART II – TO BE COMPLETED BY CANDIDATE'S PRIMARY LEAGUE COACH OR SUPERVISOR

	First	Middle Initial	Last	
ome of Cooch or Leasure	Supervisor			
ame of Coach of League	Supervisor:			
ddress:		Telep	phone #:	
umber of Years Candidat	e has bowled in Mo	ontana Certified Leagues (co	ount current year as	one):
List EACH CURR	ENT LEAGUE pai	rticipation:		
Name of League &	. Center	# of weeks Leag	gue runs # of tir	nes bowler absent
-				
oes the Candidate:			Yes,	No
Know how to keep	score?			
		and good sportsmanship?		
	eague and Establisl			
	example for other			·
	od attitude towards			
	n younger Junior bo			
	local Association			
	n officer on a local			
Bowl in Lo		ation City Tournaments?		
		of Times:		
Bowl in th		n State Tournament?		
		of Times:		
Bowl in the		Championships (YBC)?		
		of Times:		
Bowl in any Adult	leagues, tourname	nts, Jackpots or Monte Carlo	o's?	
	e(s)? and explain: _			
If Yes, Which On	•			
If Yes, Which On				

Coach or League Supervisor:

Please <u>ATTACH</u> an additional page of recommendation with information you think would be helpful to the committee in evaluating this candidate. Please complete this form and return it to the candidate by the date he/she requests. As the candidate is applying for several scholarships, your prompt attention to completing this form will assist the candidate in turning in their application prior to the deadline. Thank you for your assistance in completing this form.

<u>PART III – TO BE COMPLETED BY HIGH SCHOOL TEACHER OR COUNSELOR</u>

NAME OF CANDII	DATE:		
requested informatic additional informatic	on, which are required element on that you feel will prove use candidate on the dates he/s	nts of the judging proceuseful in the evaluation	below. Please provide him/her with the ess. You may include a page to provide a of this student. Please complete and u for your assistance in completing this
1. Please give the	he student's grade point avera	age for grades 9-12, bas	sed on a 4.0 scale.
Grade 9	Grade 10	Grade 11	Grade 12
		OR	
First Semeste	er, Grade 12 (Cumulative)		
2. SAT Score _	OR	ACT Score	
3. Please ATTA	ACH a copy of his/her transci	ripts.	
Name of Person com	npleting this form:		
Position:		Telephone #	¥
High School Mailing	g Address:		
			
Scholarships Availal	ble:		
	1 – MT USBC Youth (boy or 2 – MT USBC (1 boy & 1 gir 1 – MT USBC Harvey L Pier 1 – MT USBC Isabel Cummi 2 – MBPA Steve Ryan Memo 2 – MBPA Gary Gerhardt Me	l) ce (boy) ngs (girl) orial (1 boy & 1 girl)	\$ 1,000.00 \$ 750.00 EACH \$ 500.00 \$ 500.00 \$ 500.00 EACH \$ 500.00 EACH