



Youth Scholarship Application

Qualifications:

- Be a graduating high school student the year of application submission.
- Have sufficient academic credits to be accepted by an accredited university, community college, technical institute or trade school.
- Be an active USBC youth member, currently bowling in a certified youth league or school program.
- Have been a USBC youth member for at least the previous two (2) years.
- Have resided within the jurisdiction of the Snohomish County USBC for at least the previous two (2) years.
- Complete the official scholarship application.

Rules and Regulations:

- Applications must be received by the Snohomish County USBC Association Manager at associationmanager@snohomishusbc.org by **May 15th**.
- Applications must be accompanied by three (3) letters of recommendation to include each from:
 - A league coach, coordinator, or USBC official
 - A high school teacher, counselor, or administrator
 - An individual not involved with bowling nor related to the applicant
- Applications must include verification of USBC membership by the local Association Manager.
- Recipients may apply scholarship funds to any continuing educational institution or program of choice.
- Scholarships awarded by the Snohomish County USBC will be applied to tuition, however may also be allocated to books and fees with Board approval.
- Once the Snohomish County USBC Association Manager has obtained verification of acceptance into recipient's school or program of choice, the Association Manager will request a release of funds from the USBC SMART Program Manager to the appropriate school or program official.

Resource Allocation and Claw back Provision:

- In the event a scholarship recipient is not enrolled in an accredited institution within one (1) year of scholarship award, the award will be deemed null and void. Extensions of use require approval from the Snohomish County USBC Board of Directors.
- If a scholarship recipient leaves the school or program prior to the exhaustion of SMART funds awarded, the Snohomish County Association Manager will request that the institution return the unused money to the USBC SMART Program Manager for credit to the Snohomish County USBC SMART account.



Youth Scholarship Application

Complete the application in full with the following information included:

- Three (3) letters of recommendation from the following:
 - A league coach, coordinator, or USBC official
 - A high school teacher, counselor, or administrator
 - An individual not involved with bowling nor related to the applicant
- Transcript or official record of high school academic record (see Parental Release Form Enclosed)
- A brief personal letter (about 200 words) stating the reason for the application and intentions for continued education.

You may include pertinent information not already included on this form.

NAME: _____

ADDRESS: _____

HIGH SCHOOL: _____

ADDRESS: _____

DATE OF BIRTH: _____ PHONE #: _____

PARENT / GUARDIAN: _____

ADDRESS: _____

PHONE #: _____

Number of years bowled in a USBC certified league: _____

Submit to:

Snohomish County USBC

Attn: Association Manager

17517 Highland View Dr.

Arlington, WA 98223-6399

associationmanager@snohomishusbc.org



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In this section, please list service, awards, offices or other notable involvement in the following areas (you may include this in an attached resume or similar format):

Bowling: _____

School: _____

Community: _____

University, college, trade school or other continuing educational program you plan to attend:

Planned major, degree, or field of study: _____

I hereby submit this application to be considered for a scholarship under the Snohomish County USBC Scholarship Program. I certify that I am a graduating high school student and current USBC member with intent on using these funds in the pursuit of continued education.

Signature of Applicant

Date Signed

Signature of Parent / Guardian

Date Signed



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VERIFICATION STATEMENT OF USBC YOUTH MEMBERSHIP

I hereby certify that _____ is a member of the Snohomish County USBC with the USBC Member ID of: _____ and that the applicant has been an active USBC youth member for the previous two (2) years.

League and/or high school program: _____

Snohomish County USBC Association Manager

Date Signed



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PARENTAL RELEASE

As parent/guardian of (*student's full name*) _____, I hereby grant permission for (*high school*) _____ to release their transcripts to:

Snohomish County USBC

Attn: Association Manager
17517 Highland View Dr.
Arlington, WA 98223-6399
associationmanager@snohomishusbc.org
<http://snohomishcountyyusbc.org>

Signature of Parent/Guardian

Date Signed