

METRO LOUISVILLE USBC WBA

School Year 2009/2010 Female Youth Graduating Senior Scholarship Award

Nomination Form

Please have bowler fill out Page 2 and Page 3. Youth director or coach must fill out Page 4. If the candidate bowls in more than one center, please have each center coach complete Page 4. The bowler also needs to submit an essay that in some way describes the significance of bowling in her life.

This scholarship will be awarded at the Women's Fall Membership Meeting in early December.

Please make sure all information is completed. Neatness, accuracy, spelling, legibility and completeness will be considered as part of the application process.

Mail all information to:

**NOMINATING COMMITTEE
P O Box 206276
LOUISVILLE KY 40250**

APPLICATION DEADLINE IS NOVEMBER 1, 2010

METRO LOUISVILLE USBC WBA

FEMALE YOUTH BOWLER INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____

USBC CARD #: _____

NOMINATING COACH'S NAME: _____

SCHOOL: _____

FINAL CUMULATIVE GPA: _____

COUNSELOR SIGNATURE: _____

SEAL _____

METRO LOUISVILLE USBC WBA
FEMALE YOUTH BOWLER NOMINATION FORM

NUMBER OF YEARS BOWLING: _____

NUMBER OF LEAGUES THIS YEAR: _____

CURRENT AVERAGES: _____

(MIN. 21 GAMES): _____

LAST YEAR'S HIGHEST BOOK AVERAGE: _____

**BOWLING AWARDS EARNED DURING YOUR HIGH SCHOOL
BOWLING CAREER:** _____

**WHAT BOWLING TOURNAMENTS HAVE YOU PARTICIPATED
IN DURING YOUR HIGH SCHOOL YEARS?** _____

CAN YOU KEEP SCORE MANUALLY? _____

INCLUDE ANY COACHING CERTIFICATIONS: _____

FINAL CUMULATIVE GPA: _____

**SCHOOL OR OTHER NON-BOWLING ACTIVITIES AND OFFICES
HELD:** _____

DO YOU WORK? _____ IF YES, HOW MANY HOURS A WEEK _____

COACH'S NOMINATION FORM

COACH, PLEASE COMPLETE THIS PAGE TO THE BEST OF YOUR KNOWLEDGE

LEAGUE ATTENDENCE: (PRE-BOWLS DO NOT COUNT)

100% _____

90-99% _____

80-89% _____

70-79% _____

LESS THAN 70% _____

SPORTSMANSHIP:

EXCELLENT _____

VERY GOOD _____

GOOD _____

NEEDS IMPROVEMENT _____

IMPROVEMENT IN BOWLING SKILLS:

EXCELLENT _____

VERY GOOD _____

GOOD _____

NONE _____

IS THE ATHLETE A LEAGUE OFFICER? _____

IS THE ATHLETE A YOUTH LEADER? _____

COACH'S NAME: _____ **PHONE:** _____

COACH'S HOME CENTER: _____

I have completed this form to the best of my knowledge and believe all information to be precise. I have attached a league standing sheet to verify current average(s). I understand submitting any false information will immediately disqualify my candidate.

Coach's Signature

ALL APPLICATIONS MUST BE SIGNED BY A COACH OR THEY WILL NOT BE CONSIDERED FOR THE SCHOLARSHIP.

CHECK LIST:

- 1. READ COVER SHEET**
- 2. COMPLETED FEMALE YOUTH BOWLER INFORMATION PAGE 2**
- 3. COMPLETED FEMALE YOUTH BOWLER NOMINATION FORM PAGE 3**
- 4. COMPLETED COACH'S NOMINATION FORM AND COMMENT PAGES 4 & 5 (MULTIPLE IF BOWLING IN MORE THAN ONE CENTER) AND COACH VERIFICATION SIGNATURE ON PAGE 6**
- 5. ENCLOSED ESSAY**