

# APPLICATION FOR ALL MONTANA USBC BOWLING SCHOLARSHIPS

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:**

**Tom Brendgord**  
**Montana USBC Youth**  
**P.O. Box 51370**  
**Billings, MT 59105**  
**or Fax (406) 252-3220**  
**or Email: [tom.brendgord@mtusbc.org](mailto:tom.brendgord@mtusbc.org)**

**\*\* Check list for completed application packet**

- \_\_\_ Application Parts **I** (page 1 & 2), **II** and **III**
- \_\_\_ Applicant's Personal Essay
- \_\_\_ 1 page list of bowling honors and/or awards
- \_\_\_ Feb 1 league sheet for all current leagues
- \_\_\_ 1 letter of recommendation from bowling coach  
or league supervisor.
- \_\_\_ Current school transcript
- \_\_\_ up to 2 additional letters of recommendation

# MONTANA USBC SCHOLARSHIPS APPLICATION

## PART I, PAGE 1 – TO BE COMPLETED BY 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 will graduate: \_\_\_\_\_

College(s) applied to: \_\_\_\_\_

Which College will you attend if accepted? \_\_\_\_\_

What is your proposed course of study? \_\_\_\_\_

Do you plan to work during your college years? \_\_\_\_\_

List School Activities and Office Held if any and number of years involved in each:

_____	_____
_____	_____
_____	_____

List Community & Civic Activities Outside of School and number of years involved 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 MUSBC Adult leagues or tournaments, jackpot tournaments, Monte Carlo's, etc?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Are you a certified coach? \_\_\_\_\_ Date and level of certification: \_\_\_\_\_

Highest Career Average: \_\_\_\_\_ Highest Career Game: \_\_\_\_\_ Highest Career Series: \_\_\_\_\_

Current February 1 Average (minimum of 2/3 of League Schedule): \_\_\_\_\_

**(Note: Attach a February 1 league sheet from all leagues currently bowling in)**

PARTICIPATION in Sanctioned YOUTH Events or Tournaments other than your local city and state tournaments:  
(ex. Traveling League, Invitationals, Nationals, etc.) List events & number of years participated.

_____	_____
_____	_____
_____	_____

ATTACH a **1 page** list of bowling honors and/or awards. Include sanctioned YABA/USBC tournaments & events.

ATTACH **up to 2** letters of recommendations (not including the one from your coach).

ATTACH **your personal Essay** on how bowling has helped you and what your plans are for the future.

SIGNATURE of Candidate: \_\_\_\_\_ Date: \_\_\_\_\_

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**Any application postmarked after March 1 will not be accepted.**

# MONTANA USBC YOUTH SCHOLARSHIP APPLICATION

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

Name of CANDIDATE: \_\_\_\_\_  
*First*
*Middle Initial*
*Last*

Name of Coach or League Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 \_\_\_\_\_

Number of Years Candidate has bowled in Montana Certified Leagues (count current year as one): \_\_\_\_\_

List EACH CURRENT LEAGUE participation:

Name of League & Center	# of weeks League runs	# of times bowler absent
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does the Candidate:	Yes	No
Know how to keep score?	_____	_____
Know and observe bowling etiquette and good sportsmanship?	_____	_____
Observe League and Establishment Rules?	_____	_____
Set a good example for other bowlers?	_____	_____
Have a good attitude towards his/her bowling?	_____	_____
Assist with younger Junior bowlers?	_____	_____
Assist with local Association Tournaments?	_____	_____
Serve as an officer on a local or state board?	_____	_____
Bowl in Local Youth Association City Tournaments?	_____	_____
<b>Number of Times:</b> _____		
Bowl in the MT USBC Youth State Tournament?	_____	_____
<b>Number of Times:</b> _____		
Bowl in the Youth Bowling Championships (YBC)?	_____	_____
<b>Number of Times:</b> _____		
Bowl in any <u>Adult</u> leagues, tournaments, Jackpots or Monte Carlo's?	_____	_____

If Yes, Which One(s)? and explain: \_\_\_\_\_  
 \_\_\_\_\_

Signature of Coach or League Supervisor: \_\_\_\_\_

**Coach or League Supervisor:**

Please ATTACH 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.

# MONTANA USBC YOUTH SCHOLARSHIP APPLICATION

## PART III – TO BE COMPLETED BY HIGH SCHOOL TEACHER OR COUNSELOR

NAME OF CANDIDATE: \_\_\_\_\_

The above candidate is vying for the applicable scholarships, as listed below. Please provide him/her with the requested information, which are required elements of the judging process. You may include a page to provide additional information that you feel will prove useful in the evaluation of this student. Please complete and return the form to the candidate on the dates he/she requests. Thank you for your assistance in completing this form, and your prompt attention to it.

1. Please give the student's grade point average for grades 9-12, based on a 4.0 scale.

Grade 9 \_\_\_\_\_ Grade 10 \_\_\_\_\_ Grade 11 \_\_\_\_\_ Grade 12 \_\_\_\_\_

**OR**

First Semester, Grade 12 (Cumulative) \_\_\_\_\_

2. SAT Score \_\_\_\_\_ **OR** ACT Score \_\_\_\_\_

3. Please **ATTACH** a copy of his/her transcripts.

Name of Person completing this form: \_\_\_\_\_

Position: \_\_\_\_\_ Telephone # \_\_\_\_\_

High School Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

### Scholarships Available:

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