



Mabel Marrs Star of the Future Or Ray Wise Memorial Scholarship

Application due no later than June 1st of Current Season

(Please type or print with black ink

() FEMALE () MALE

Name _____
(First) (Last)

Date of Birth _____
(Month-Day-Year)

USBC # _____

Grade in School _____

Began bowling (age) _____

Address _____

Student: High School _____

City _____ State _____ Zip _____

Local Youth Association _____

Telephone _____ E-Mail _____

Social Security # _____

Employer (if any) _____

HIGH LEAGUE AVERAGES FOR THE LAST THREE YEARS

YEAR _____

YEAR _____

YEAR _____

AVERAGE _____

AVERAGE _____

AVERAGE _____

HIGHEST SERIES AND GAMES BOWLED

GAME _____

GAME _____

GAME _____

SERIES _____

SERIES _____

SERIES _____

IF POSSIBLE - DO A YEAR BY YEAR ACHIEVEMENT SUMMARY
(Local/State/Regional etc. - all achievements)

	<u>Year</u>	<u>Score</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER SPECIAL BOWLING AWARDS OR HONORS

	<u>YEAR</u>
_____	_____
_____	_____
_____	_____
_____	_____

SPECIAL AWARDS OTHER THAN BOWLING

FUTURE EDUCATIONAL PLANS AND GOALS

HOBBIES/COMMUNITY SERVICE

It is not necessary to have qualified in all areas.

For additional information, please attach a separate sheet.

Endorsed by Coach or another Adult _____
Address _____
City _____ State _____ Zip
code _____
Phone _____ Date _____

If applicant is under the age of 18, this form must be signed by a parent or legal guardian:

Name of parent or legal guardian (please print) _____

Signature of parent of legal guardian - _____

Will you allow the OSUSBC to post your child's name/likeness to our website or facebook page should they be the Recipient of this award. YES _____ NO _____

Send Applications to Recognition Committee
Oregon State USBC
PO Box 33256
Portland, OR 97292

Email recognition@osusbc.com

SCHOLASTIC INFORMATION

Please include copy of most recent academic report (Report Card)