

THE MORRIS COUNTY USBC BOWLING ASSOCIATION

2017 – 2018 SCHOLARSHIP APPLICATION

CHARLES A. EDWARDS YOUTH SCHOLARSHIP FUND

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To All Applicants:

The purpose of this Scholarship Program is to establish and further the interest in youth bowling, foster a desire for better education for our youth, give the youth bowlers an incentive to maintain their amateur status and to help enhance the image of the sport of bowling.

TWO (2) SCHOLARSHIPS --- SCHOLARSHIP VALUE: \$1,000.00 each

(Scholarship Qualifications & Applications can be found on our website: www.mcba-njbowling.com)

ELIGIBILITY:

- a. Must be a USBC Youth Association member, in good standing, currently sanctioned in the Morris County USBC Youth Association, who has bowled in a USBC Youth (or YABA program) for at least the past three (3) years.
- b. Must **NOT** have jeopardized his/her amateur status by participating in any event or league in which merchandise or money was offered.
- c. Must be a graduating senior in a High School or Vocational School in the Tri-County area of **Morris, Sussex or Warren Counties**.
- d. All application forms must be filled out **COMPLETELY**, per attached instructions of this application, and forwarded to the Morris County USBC BA Scholarship Fund Secretary (***Address Below***) by the deadline stated!
- f. **DEADLINE for receipt of this application is: FEBRUARY 15, 2018**
- g. The Scholarship Policy (Attached) of the USBC Youth applies.

GRADING SYSTEM:

A point system may be used for grading applicants based on the following:

1. **Scholastic Evaluation** - SAT scores, Scholastic Record, Class Rank
2. **Community Activities** – Outside of school volunteer activities
3. **Extra Curriculum Activities** – Additional in-school involvement
4. **Letters of Recommendation** - From teachers, employers, etc.
5. **MANDATORY ESSAY** - A short essay, 100 to 300 words, indicating your planned course of study, field of work and why. Include your interests, reasons for applying, etc. ***Be Specific!***
6. **Bowling Participation and Achievements** – League activity, awards, tournaments
7. **Coach's Evaluation** - Completed form and Letters of Recommendation (**MANDATORY!**)

NOTE:

The Scholarship shall be good for up to two years after awarded. Official Award presentation will be made at the Annual Morris County USBC Bowling Association Hall-of-Fame and Scholarship Award's Dinner at The Hanover Manor, 16 Eagle Rock Avenue, East Hanover, NJ on Sunday Afternoon, **June 3, 2018** at 12:00 Noon.. The recipient and his or her parents/guardians will be the guests of the Morris County USBC Bowling Association at this affair.

NAME AND ADDRESS OF SCHOLARSHIP FUND SECRETARY:

MORRIS COUNTY USBC BOWLING ASSOCIATION
c/o ALBERT GONSISKA, JR.
21 TINC ROAD
FLANDERS, NJ 07836-9628

SCHOLARSHIP POLICY

POLICY STATEMENT

The USBC Youth Policy on Scholarships as adopted by the Morris County USBC Bowling Association:

- Scholarships shall be paid **directly** to an accredited university, college, vocational, technical or Bowling Academy/Camp in the name of the recipient.
 - All Scholarships shall have an established time limit for use by the recipient. Any funds remaining after expiration shall accrue the General Scholarship Fund and will no longer be available to the student.
 - Scholarships shall be for the stated amount regardless of when or where it is applied.
 - Scholarship funds may be utilized for tuition, books, room & board, fees and specialized equipment incident to higher learning.
 - Scholarship funds may **NOT** be used for transportation, personal clothing, sports camps (other than bowling), specialty equipment, research or travel not directly related to the course or field of study.
 - Exceptions must be received in writing and approval must be granted in writing by the Scholarship Fund Secretary and the Morris County USBC Bowling Association.
 - All decisions of the Morris County USBC Bowling Association Scholarship Committee are final.
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INSTRUCTIONS

After completing Section A and B of this application, **YOU, THE APPLICANT and YOUR PARENTS/ GUARDIANS MUST SIGN THIS FORM** in the spaces provided and **return all COMPLETED forms** to the Scholarship Fund Secretary (address below).

Then complete the remaining necessary information requested at the top of the attached sheets of Section C and give them respectively to **YOUR SCHOOL COUNSELOR** and to **YOUR BOWLING COACH** for them to fill out their requested information. Please ask them to return these sheets to the address below or to return them to you for forwarding. *Remind them of the closing date!!*

**** REMEMBER, YOU AS THE APPLICANT, IT IS YOUR RESPONSIBILITY TO FOLLOW-UP AND ENSURE THAT ALL SECTIONS OF THE ENTIRE APPLICATION IS COMPLETED AND RETURNED BY THE DEADLINE IN ORDER FOR YOU TO BE CONSIDERED FOR THESE SCHOLARSHIPS. PAST DUE RECEIPT OF ANY FORM (WITHOUT AN EXPLANATION & APPROVAL FROM THE MCBA) COULD RESULT IN A NEGATIVE EVALUATION!****

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(973) 584-4102**

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A. PERSONAL INFORMATION (Please Print) DATE: _____

APPLICANT'S NAME _____ TEL: _____

ADDRESS _____
(Street) (City) (State) (Zip)

E-MAIL ADDRESS _____ CELL PHONE: _____

YOUTH BA MEMBERSHIP # _____ BOWLING CENTER _____
(Mandatory)

DATE OF BIRTH _____ PLACE OF BIRTH: _____

STARTED BOWLING AT WHAT AGE? _____ SOCIAL SECURITY #: _____

GRADE IN SCHOOL _____ DATE OF GRADUATION _____

SCHOOL NAME _____

ADDRESS _____
(Street) (City) (State) (Zip)

FULL NAME OF FATHER or GUARDIAN _____

ADDRESS _____
(Street) (City) (State) (Zip)

OCCUPATION _____ EMPLOYER _____

FULL NAME OF MOTHER or GUARDIAN _____

ADDRESS _____
(Street) (City) (State) (Zip)

OCCUPATION _____ EMPLOYER _____

(IF EITHER OF THE ABOVE IS DECEASED OR NOT WORKING - PLEASE SO STATE)

PLEASE INDICATE FINANCIAL SUPPORT: FATHER (____) MOTHER (____) BOTH (____)

NUMBER OF DEPENDENT SIBLINGS _____

HOW MANY OF THESE ARE IN COLLEGE? _____ OR WILL BE ATTENDING COLLEGE WITHIN THE NEXT 3 YEARS? _____

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HOBBIES (***OTHER THAN BOWLING***) _____

CIVIC AND COMMUNITY ACTIVITIES _____

HONORS AND AWARDS RECEIVED:

CIVIC COMMUNITY: _____

SPORTS: _____

HOW DID YOU OBTAIN THIS APPLICATION? _____

(OVER)

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What type of School are you planning on attending?

_____ (1) Regular College / University or _____ (2) Community College / Trade School

B. ACADEMIC INFORMATION (Please Print)

LIST MEMBERSHIP IN CLASS AND SCHOOL ORGANIZATIONS AND ANY OFFICES HELD: _____

HONORS AND AWARDS RECEIVED FROM CLASS AND SCHOOL _____

COLLEGES / SCHOOLS TO WHICH YOU HAVE APPLIED (in order of preference) _____

COLLEGES / SCHOOLS TO WHICH YOU HAVE BEEN ACCEPTED _____

OTHER SCHOLARSHIPS **APPLIED FOR** _____

OTHER SCHOLARSHIPS **GRANTED** AND AMOUNTS _____

DO YOU PLAN TO WORK DURING YOUR COLLEGE CAREER? _____

DO YOU PLAN TO WORK DURING YOUR SUMMER VACATIONS? _____

BRIEFLY STATE YOUR REASONS FOR APPLYING FOR THIS SCHOLARSHIP. _____

****IMPORTANT!!! A BRIEF ESSAY, AS STATED, BY THE APPLICANT,
MUST BE INCLUDED WITH THIS APPLICATION****

Signature - Applicant

Date

Signature – Father / Guardian

Date

Signature – Mother / Guardian

Date

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C. IMPORTANT!!! ACADEMIC AND BOWLING INFORMATION

(TWO SEPARATE FORMS ATTACHED)

APPLICANT: PLEASE REMOVE THE SCHOOL COUNSELOR'S FORM and THE COACH'S EVALUATION SHEET FROM THIS PACKAGE. FILL-OUT THE TOP PORTION OF EACH SHEET, AND GIVE THE RESPECTIVE FORM TO YOUR HIGH SCHOOL GUIDANCE COUNSELOR AND TO YOUR BOWLING COACH OR INSTRUCTOR FOR THEM TO COMPLETE.

THESE FORMS MUST BE COMPLETED AND RETURNED WITH OR SEPARATELY FROM THIS APPLICATION, BUT THEY MUST BOTH BE RETURNED!

**** REMEMBER, YOU, THE APPLICANT, ARE RESPONSIBLE FOR FOLLOWING-UP ON ALL PORTIONS (A, B, & C) AND THE BOWLING EVALUATION SHEET OF THIS APPLICATION AND THEIR DELIVERY BACK TO THE SCHOLARSHIP SECRETARY. ****

**** INCOMPLETE OR LATE DELIVERY OF ANY OF THE FORMS OF THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT A REASONABLE EXPLANATION. ****

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COUNSELOR'S EVALUATION AND INSTRUCTION SHEET

APPLICANT'S NAME _____ TEL: _____

ADDRESS (Street) _____ (City) _____ (State) _____ (Zip) _____

DATE OF BIRTH ____ / ____ / ____ SOCIAL SECURITY # ____ - ____ - ____ GRADE _____

GRADUATION DATE ____ / ____ / ____ HIGH SCHOOL _____

ADDRESS _____

INSTRUCTIONS TO APPLICANT: Fill out the above information and give this form to your School Counselor for completion. It is your responsibility to ensure this form is submitted.

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SCHOOL COUNSELOR

A COUNSELOR'S LETTER OF RECOMMENDATION IS REQUIRED!!!

Please provide the following information* for the above applicant and return them to the **SCHOLARSHIP FUND SECRETARY**, listed below, along with this sheet, by **FEBRUARY 15, 2018**:

1. Transcript of Grades
2. SAT Scores (or Equivalent)
3. Class Rank
4. Letters of Recommendation

*** Please explain on the reverse, why any of the above information is NOT OR CANNOT be included!**

Signature – Counselor Date School

Print Counselor's Name Phone No.

NAME AND ADDRESS OF SCHOLARSHIP FUND SECRETARY:
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BOWLING COACH'S EVALUATION SHEET

APPLICANT'S NAME _____

BOWLING CENTER _____

YOUTH BA MEMBERSHIP # _____

COACH'S NAME * _____ TEL: _____

ADDRESS _____
(Street) (City) (State) (Zip)

*** A COACH'S LETTER OF RECOMMENDATION IS
MANDATORY & MUST BE INCLUDED!!! ***
*FAILURE TO DO SO COULD RESULT IN A NEGATIVE EVALUATION BY THE
REVIEWING SCHOLARSHIP COMMITTEE*

PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING THE APPLICANT

1. Currently a member in good standing of the Morris County Youth BA? Yes No
2. Number of years, including this one, in the Youth BA Program? _____
3. Name of current league(s) _____
4. As of **January 15, 2018:**
Applicant's average _____ No. of games _____ No. of games by league _____
(State reason for missed games)
5. Has the applicant ever served as:

a) League Officer? (Pres., VP, Sec'y., Treas.)	Yes No
b) Team Captain?	Yes No
c) Student Coach?	Yes No
d) Association or State Youth Leader?	Yes No
6. Has the applicant jeopardized his/her amateur bowling status? Yes No
7. Does the applicant observe the rules of lane courtesy? Yes No
8. Has the applicant participated regularly in Association and/or State sponsored Tournaments and other events? Yes No

Comments:

List Youth BA Tournaments entered, won and any other Awards and / or achievements **(use reverse or attach a separate sheet, if needed)**

Signature – Coach / Instructor _____ Bowling Center _____ Date _____