



Bowling Centers Association of Wisconsin

Grand Prix Scholarship Program
Request to Freeze Funds Form

[PLEASE PRINT LEGIBLY]

Name:

GP ID #:

Address:

City:

State:

Zip:

Phone:

Cell Phone:

Email:

Home Bowling Center:

Reason for request:

If you have moved, add the bowler's new address and phone number.

The BCAW will review your request and you will receive a notice via email on the status.

Please complete and scan the form and email to sandy.jeske@bowlwi.com or mail to BCAW Grand Prix, 21140 W. Capitol Dr., Suite 5, Pewaukee, WI 53072 or fax to 262-783-4590. If you have any questions, call 262-783-4292.

For Office Use Only

Scholarship Amount to Freeze: \$

Freeze Date End: