

Wisconsin Bowling Centers Association

Grand Prix Scholarship Program

Request for Funds Form

[PLEASE PRINT LEGIBLY]				
Name:		Student ID #:		
Address:	City:	State:	Zip:	
Phone:	Cell Phone:			
Email:	Home Bowling Center:			
The above is a student of (college, un	iversity or place of higher learning)	:		
and participated in the Wisconsin Gra	and Prix Scholarship Program.			
All Collegiate Athletic Associations (No Prior to accepting or using any of your recommends you contact the athletic scholarships. Failure to verify the accordanization.	r scholarship dollars earned in the Cassociation or a compliance officer	Grand Prix Scholars at your school to v	hip program, the BCAW erify their policy regarding	
Youth Bowler's Signature:		Date: _		
Parent/Guardian Signature:	nature: Date:			
☐ Check here if you will be participat balance will be transferred to a USBC		NAIA varsity/club	sport. Your scholarship	
☐ Check here if you will NOT be parti	icipating in a college-level sport.			
To be filled out by a school official. He their education here. Please submit a			ter and plans to continue	
School:				
Department:	Address:			
City/State/Zip:	Dates funds should be paid by:			
Signature of school official:		Date:		
Please complete and scan the form an Capitol Dr., Suite 5, Pewaukee, WI 530				
For Office Use Only				
Scholarship Amount: \$	Date Check Processed:		Check #:	