



**Bowling Centers Association of WI**  
Wisconsin High School Bowling Club 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, university or place of higher learning):

All Collegiate Athletic Associations (NCAA, NJCAA, NAIA, etc.) have specific policies regarding the use of scholarships. Prior to accepting or using any of your scholarship dollars earned in the Grand Prix Scholarship program, the BCAW recommends you contact the athletic association or a compliance officer at your school to verify their policy regarding scholarships. Failure to verify the acceptability of these funds could result in the loss of your amateur status within that organization.

Youth Bowler's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Check here if you will be participating in a college-level NCAA/NJCAA, NAIA varsity/club sport. Your scholarship balance will be transferred to a USBC SMART account for redemption.
- Check here if you will NOT be participating in a college-level sport.

**To be filled out by a school official.** He/she has been a student here for at least one semester and plans to continue their education here. Please submit any scholarship funds due him/her to:

School: \_\_\_\_\_  
Department: \_\_\_\_\_ Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Dates funds should be paid by: \_\_\_\_\_  
Signature of school official: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete and scan the form and email to [yvonne.bennett@bowlwi.com](mailto:yvonne.bennett@bowlwi.com) or mail to BCAW High School Bowling Club Scholarship, 21140 W. Capitol Dr., Suite 5, Pewaukee, WI 53072 or fax to 262-783-4590. If you have any questions, call 262-783-4292.

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|----------------------------|-----------------------|----------|
| <b>For Office Use Only</b> |                       |          |
| Scholarship Amount: \$     | Date Check Processed: | Check #: |