



BCAW CENTER EMPLOYEE SCHOLARSHIP APPLICATION
Form 2 – BCAW Member Center Information

Fill out completely and accurately. Form 2 is due on or before February 1. Fax to 262-783-4590, email to sandy.ieske@bowlwi.com or mail to BCAW, 21140 W. Capitol Dr., Suite 5, Pewaukee, WI 53072. Thank you!

To the Applicant: Fill in your name and contact information before giving this form to the person you have asked for a recommendation.

Applicant's name: _____
Last First Middle

Address: _____
Street City/State Zip

Telephone: _____ Email: _____

To the BCAW Member Center Proprietor: The bowler named above is applying for a BCAW Scholarship and has asked you to provide the BCAW with information you feel would be helpful in reviewing the scholarship application. The information you furnish is important to us. You may be assured that it will be considered confidential. **Please return this form to BCAW (not applicant) by February 1.** Only applicants who have this form on file by this deadline will be considered for a scholarship.

Is applicant an employee? Yes No

If no, name of employee bowler is related to: _____ Relationship: _____

Center's name: _____
City/State

Positions held: _____

Number of years employed: _____ Attendance record: Excellent Good Poor

Which area(s) of the bowling center does the applicant/employee work?

Does applicant/employee set a good example for other employees? Yes No

Comments:

Does he/she show leadership qualities? Yes No

Comments:

Overall evaluation and additional comments:

Print name of proprietor

Signature of proprietor

Date