



## BCAW CENTER EMPLOYEE SCHOLARSHIP APPLICATION

### Form1 – Applicant Information

Fill out completely and accurately. Forms 1, 2 & 3 along with the essay, are due on or before November 1. Fax to 262-783-4590, email [bcaw@bowlwi.com](mailto:bcaw@bowlwi.com), or mail to BCAW Scholarship, 21140 W. Capitol Dr., Suite 5, Pewaukee, WI 53072. See below for additional instructions.

Applicant's name: \_\_\_\_\_ USBC #: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
Street City/State Zip

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of parent(s) or guardian(s): \_\_\_\_\_

High School: \_\_\_\_\_ Graduation date \_\_\_\_\_  
City/State

College/Institution applied/accepted for entrance: 1. \_\_\_\_\_  
2. \_\_\_\_\_

Name of college/ Institution you plan to attend: \_\_\_\_\_  
City/State

Course of study: \_\_\_\_\_ Will you attend if scholarship is not granted?  Yes  No

High school activities, honors, awards or other special recognition you have received or participated in throughout your high school years.

Out of school activities which you have participated in, including church, scouting, junior achievement, volunteer work, etc.

List the job(s) you have had during high school. Please estimate the total number of hours in each job, excluding summers. Include the name of your supervisor(s).

*I hereby affirm that the information provided on this form is accurate and complete to the best of my knowledge. In addition, I understand that the information contained in my application may be shared with the BCAW scholarship committee.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

➔ **Please make certain form 1 scholarship application & essay on "how bowling has influenced your life" from you, form 2 received from the BCAW member center and form 3 (with transcripts) received from the high school or college are returned to BCAW by November 1.**