



**BCAW CENTER EMPLOYEE SCHOLARSHIP APPLICATION**

**Form 2 – BCAW Member Center Information**

Fill out completely and accurately. Form 2 is due on or before November 1. Fax to 262-783-4590, email to [bcaw@bowlwi.com](mailto:bcaw@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 November 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