



BCAW CENTER EMPLOYEE SCHOLARSHIP APPLICATION

Form 3 – School Data

Fill out completely and accurately. Form 3 is due (along with transcript) on or before November 1. Fax to 262-783-4590, email to 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 high school or college person you have asked to provide your academic information.

Applicant's name: _____
Last First Middle

Address: _____
Street City/State Zip

Telephone: _____ Email: _____

To Advisor, Counselor or Principal: The applicant named above is applying for a BCAW Scholarship and has asked you to provide the BCAW with information. 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.

Name of school: _____
City/State

Composite national standard score: A.C.T. _____ S.A.T. _____

Current cumulative grade point average: _____ Class rank: _____ Number in class: _____

Additional comments that would be helpful in evaluation:

→ Please attach transcript of grades.

Name of person filling out this form: _____ Title: _____
(please print)

Telephone: _____ Email: _____

Signature _____ Date _____