



BCAW USBC YOUTH 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 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 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.

League Name: _____ USBC League Certification #: _____

Does applicant display good sportsmanship for others: Yes No

Comments: _____

Does applicant show leadership qualities?: Yes No

Comments: _____

Overall evaluation and additional comments:

Center's name: _____
City/State

Print name of proprietor Signature of proprietor Date