



## BCAW USBC YOUTH 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](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 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 \_\_\_\_\_