

**FOUNDATION OF
LOUISIANA BOWLING PROPRIETORS ASSOCIATION**
Angela T. Allen, Scholarship Administrator
PO Box 228 | Oscar, LA 70762 | (225) 421-6596



REQUEST FOR SCHOLARSHIP FUNDS

Name: _____ USBC Bowler ID#: _____

Address: _____
(Street) (City) (State) (Zip)

Home Phone: (_____) _____ Cell Phone: (_____) _____

Enrolled institutions name: _____ (Do not use initials)

Enrollment date: _____ SSN# or Student ID# _____

I am applying for current use of my scholarship. I do not intend on participating in college varsity bowling or any other college varsity level sports competition.

I will deliver the enclosed letter to my institution to bill you. A check will be mailed to the institution when you receive the bill.

OR

I have already paid all fees for this semester. Enclosed is my paid receipt as proof of my enrollment. Please mail a check to my school (if eligible) for: (circle one)

credit on future semesters / credit on student cash program / reimbursement to me

OR *****

I may participate in a college varsity sports program and wish to have my scholarship administered by the USBC SMART program for future use. (Fill out remainder of this section.)

Amount of scholarship funds requested: \$ _____
(State "All", if you wish all funds to be sent)

Yes No I consent that my name, scholarship amount, high school graduation date, school enrolled in, and home bowling center may be printed in public relations material.

By signing this declaration, I acknowledge that my acceptance of scholarships may result in my being declared ineligible for college varsity level sports competition. All information is true to the best of my knowledge.

Youth Bowler Signature

Parent Signature

Email: flbpa@aol.com,
Mail to: Foundation of LBPA at the above
letterhead address, or fax to: (225) 638-8945.

Date