

MICHIGAN BOWLING SCHOLARSHIP FUND
APPLICATION/WORKSHEET FORM

Please return this form **at least 60 days** prior to the start of the semester in which you wish to use it. Requests received with less than 60 days notification may be delayed for distribution to the next semester. At no time can the scholarship be reimbursed to the student and or their parents. It must go directly to the school. Once the application is approved, the approved amount will be assigned to your SMART account.

Name of Student _____ Birthdate: ____/____/____

Current Address: _____

City: _____ State/Zip: _____

USBC #: _____ Phone: _____/_____

E-Mail: _____

Do you currently have an account at SMART (USBC): Yes ___ or No ___

Graduation Date: ____/____/_____

Please include a copy of your final high school transcript with this application otherwise it will be returned.

Signature

Return completed application and required documentation to:
Michigan Bowling Scholarship Fund – PO Box 217 – Grandville MI 49468-0217