

CHATTANOOGA AREA USBC ASSOCIATION
YOUTH SCHOLARSHIP FUND
SCHOOL EVALUATION
FORM from Counselor

Applicant's name _____

Address _____

City _____ State _____ Zip _____

Name of teacher or counselor _____

Phone number of counselor _____

Teacher or counselor: Please complete this form to enable this student to apply for a scholarship from the Chattanooga Area USBC Association Scholarship Fund.

All information will be kept confidential. Please mail complete form and transcript to the address listed below.

Please attach transcript of grades, and if possible, also list grade point average for the following semesters:

Grade 9 – 1st semester _____ Grade 10 – 1st semester _____ Grade 11 – 1st semester _____

Grade 9 – 2nd semester _____ Grade 10 – 2nd semester _____ Grade 11 – 2nd semester _____

Grade 12 – 1st semester _____

S.A.T. score _____ or A.C.T. score _____ Class Ranking _____

Personality Record _____

Extra curricular activities _____

Additional remarks you think would be helpful in our evaluation: _____

Signature of counselor _____

RETURN TO Jeremy Dennis, Association Manager
8954 Brett Daniel Way
Soddy Daisy, TN 37379

CHATTANOOGA AREA USBC ASSOCIATION
YOUTH SCHOLARSHIP FUND
SCHOOL EVALUATION
FORM from Teacher

Applicant's name _____

Address _____

City _____ State _____ Zip _____

Name of teacher _____

Phone number of Teacher _____

Teacher or counselor: Please complete this form to enable this student to apply for a scholarship from the Chattanooga Area USBC Association Scholarship Fund.

All information will be kept confidential. Please mail complete form and transcript to the address listed below.

Extra curricular activities _____

Additional remarks you think would be helpful in our evaluation: _____

Signature of Teacher _____

RETURN TO Jeremy Dennis, Association Manager
 8954 Brett Daniel Way
 Soddy Daisy, TN 37379

CHATTANOOGA AREA USBC ASSOCIATION
YOUTH SCHOLARSHIP FUND
BOWLING EVALUATION
FORM from USBC Coach

Applicant's name _____

Address _____

City _____ State _____ Zip _____

Name of coach _____ Telephone number _____

Name of Bowling Center _____

Number of years applicant has bowled in USBC (Includes current season) _____

Does applicant observe bowling etiquette and sportsmanship? Yes _____ No _____

Does applicant observe league and bowling center rules? Yes _____ No _____

Additional remarks you think would be helpful in our evaluation: _____

Signature of USBC coach

RETURN TO

Jeremy Dennis, Association Manager
8954 Brett Daniel Way
Soddy Daisy, TN 37379