

WALTER KRITZBERGER MEMORIAL SCHOLARSHIP

SPONSORED BY SOMERSET-HUNTERDON USBC BA
BOARD OF DIRECTORS

APPLICATION

Applicants Information:

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (____) _____

Date of Birth: _____ Social Security No. _____

Parent or Guardian's Information:

Father's Full Name: _____

Occupation: _____

Employer: _____

Mother's Full Name: _____

Occupation: _____

Employer: _____

How many dependent children living at home? _____

Ages: _____

Academic Information:

Name of High School: _____

Date of Graduation: _____ Class Ranking _____

College Course: _____ Non-College Course: _____

S.A.T. Scores or A.C.T. Scores

Math: _____ Verbal: _____ Essay: _____

Name and location of School(s) you plan to attend: _____

Have you been accepted? Yes _____ No _____

Major Course of study: _____

What career do you plan to follow: _____

Have you been accepted for other scholarships? Yes _____ No _____

If yes, which ones: _____

List clubs, sports and activities in which you have participated in high school.

List community services participated in while a student in high school.

List other hobbies and activities

What are your plans for this summer?

Bowling Information:

How many years have you been a member of USBC Youth bowling programs?

Name of establishment at which you bowl.

Name of League(s) in which you bowl.

Name of your Certified Coach or Instructor.

Current USBC Youth Average: _____

USBC Youth Certification # _____

List all Tournaments, awards won or other achievements while bowling in USBC Youth Leagues or Tournaments.

PLEASE PROVIDE THE FOLLOWING WITH THIS APPLICATION

1. A copy of your scholastic records from High School, signed by your Guidance Counselor.
2. Attach a handwritten letter to the Somerset-Hunterdon USBC Bowling Assoc., giving your reasons for applying for our scholarship, why you chose your field of study and your career choice. Have a parent or guardian sign the letter.

I CERTIFY THE ACCURACY OF THIS INFORMATION:

Signature of Student

Signature of Parent or Guardian

DATE: _____