## North Carolina State USBC Youth Scholarship

## Please print or type Application

Applications must be received and postmarked no later than **March 1**<sup>st</sup>.

Personal Information:	
Name	
Mailing Address	
Phone Number	Date of Birth
Email Address	_
USBC Membership No.	Association
(Must be a current member)  Total League Games Scheduled	Total Games Rolled
COACH'S SIGNATURE:	
Financial Information:	
Please indicate Parents Range of Income and <u>verification</u> :	
(A) \$0 - \$49,999 (B) \$50,000 - \$99,999 (C) \$100,000 and over	
Number of Brothers and Sisters at HOME	In COLLEGE

## School: Please list offices held in class and school organizations, including current year: Community and Civic Activities: Include name of organization and year: Recognition and Awards: Please indicate if academic, sport, others and year awarded: Work Experienced: Please provide your past two (2) years of work experience and what were your responsibilities: Name and address of High School: \_\_\_\_\_ SIGNATURE OF HIGH SCHOOL COUNSELOR: Planned Field of Study:\_\_\_\_\_ Colleges Applied to in order of preference: Colleges Accepted: Other Scholarships/ grants Applied for:\_\_\_\_\_

**Extracurricular Activities:** 

Scholarships Granted and Amounts:	
State in fifty (50) words or less why this scholarship is important to you:	

IF YOU HAVE RECEIVED/OR WILL RECEIVE A FULL SCHOLARSHIP YOUR APPLICATION WILL NOT BE CONSIDERED FOR THIS SCHOLARSHIP. YOU MUST NOTIFY US IMMEDIATELY TO ADVISE OF THIS SCHOLARSHIP.

Please send the following information with Application:

High School Transcripts Letters of Recommendations

Mail to: Priscilla Hamilton Youth Scholarship Chair 197 Singing Pine Drive Clover, SC 29710 803-746-5283