## APPLICATION FOR BOONE COUNTY BOWLING ASSOCIATION TOM EVANS MEMORIAL SCHOLARSHIP

NAME:		
(LAST)	(FIRST)	(MIDDLE)
HOME ADDRESS:		
(TELEPHONE)		(E-MAIL)
Name of USBC Member if not yourself _		
Current status of applicant: (check one)High School ( )College ( )	Business/Trade Sc	hool ( )
Have you received any other scholarships? Yes ( ) No ( ) If yes, list:		
List activities in which you have participated (School/Church/Community):		
List bowling experience, awards, members	hips:	
List names and address of university, colleg plans:	ge, trade/business	school you plan to attend and future educational or vocational
If additional space is needed you may use a possible.	i separate sheet an	d attach. Please complete with computer or typewriter if
Please list names and contact information of three references:		
	(CONTINUED	) ON NEXT PAGE)
I have answered the above questions to the <u>signed</u> .	best of my knowle	edge and belief. <u>Application will not be accepted unless</u>

(Signature of Applicant)

(Signature of parent/spouse/grandparent if Applicant is not a member)

If granted a scholarship and I fail to complete the term for reason other than sickness or physical injury, I agree to return any scholarship monies received by me to the Boone County BA.