

The National Bowling Association, Inc.

OWEN O. WASHINGTON SCHOLARSHIP AWARD PROGRAM

INTRODUCTION

The National Bowling Association, Inc. annually offers \$6000.00 in scholarships to six high school seniors on track to graduate. The purpose is to provide some financial assistance to youths entering college. **(Scholarships are not offered to graduates entering any Military Academy.)**

Prizes are offered to three males and three females – with 1st place \$1,200; 2nd place \$1,000; and 3rd place \$800.

OPERATIONS & PROCEDURES

1. The National Scholarship Chairperson will furnish scholarship applications to local senates. These applications are to be submitted to qualified high school seniors or their parents.
2. Eligibility is restricted to graduating high school seniors whose parents are members of The National Bowling Association, Inc., or to graduating high school seniors who are members of The National Bowling Association, Inc., Junior Program.
3. The Local Senate Scholarship Chairperson will assist eligible seniors in completing the necessary forms and contacting the proper school personnel to ensure that the senior is able to obtain the following:
 - a) Attendance report
 - b) Transcript
 - c) Letters of Recommendation from school official, local senate member & community leader.
4. All completed components are to be submitted to the Local Senate Scholarship Chairperson by March 10.
5. The Local Senate Scholarship Chairperson will check for completeness and forward completed packets to the National Scholarship Chairperson by April 1.
6. The National Scholarship Committee will evaluate for the following areas: a) grade point average, b) school attendance, c) application neatness, d) financial need, e) community, school, TNBA & church involvement, f) letters of recommendation, and g) essay. Each category is worth 5 points, with the exception of e), f) and g), which are worth 10 points each. The winners will be the applicants receiving the greatest possible total points. The letter of recommendation from a TNBA member must verify the applicant's/parent's membership in TNBA.
7. The National Scholarship Committee's Report will be presented at the NBA Annual Convention, and the winners announced at the TNBA Annual Awards Banquet in May.

SCHOLARSHIP CHAIRPERSON

Ms. Gwen E. Amie
7520 Arborcrest Ave
Las Vegas, NV 89131
(702) 648-8530-home (702) 647-2852-fax
E-mail Address: Tnbascholarship@Tnbainc.org

Revised 10/01

The National Bowling Association, Inc.

OWEN O. WASHINGTON SCHOLARSHIP AWARD PROGRAM APPLICATION

(To be completed by applicant – PLEASE TYPE or PRINT)

NAME _____ TELEPHONE (_____) - _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PARENTS/APPLICANT IS A MEMBER OF _____ TNBA SENATE

TNBA PARENT/APPLICANT'S NAME(S) _____ CARD # _____

POST SECONDARY COLLEGE _____

POST SECONDARY MAJOR _____ MINOR _____

REFERENCES from a local TNBA member, a school official & a community or church leader. NO RELATIVES.

NAME/ADDRESS/PHONE #	NAME/ADDRESS/PHONE #	NAME/ADDRESS/PHONE #
Local TNBA Member (4A)	School Official (4B)	Community or Church Leader(4C)

(3 reference sheets must accompany application. See pages 4A, 4B, & 4C)

APPLICANT INFORMATION (List involvement in clubs, organizations & awards)

SCHOOL INVOLVEMENT
CHURCH INVOLVEMENT
TNBA INVOLVEMENT
COMMUNITY INVOLVEMENT
HOBBIES

I understand that this application is made through the _____ Bowling Senate of The National Bowling Association, Inc. I hereby declare, to the best of my knowledge, that the foregoing statements are complete and true.

Applicant's Signature _____ Date _____

The National Bowling Association, Inc.

OWEN O. WASHINGTON SCHOLARSHIP AWARD PROGRAM APPLICATION

APPLICANT'S NAME _____

(To be completed by applicant's parents – PLEASE TYPE or PRINT)

FATHER'S NAME _____ OCCUPATION _____

EMPLOYER _____ ADDRESS _____

MOTHER'S NAME _____ OCCUPATION _____

EMPLOYER _____ ADDRESS _____

TOTAL ANNUAL FAMILY INCOME FOR JANUARY 1 TO DECEMBER 31 OF LAST YEAR \$ _____.

DEPENDENTS IN HOUSEHOLD

NAME	AGE	GRADE	NAME	AGE	GRADE

I, _____, Father, _____,

Mother of applicant, _____, do hereby declare to the best of my knowledge that the foregoing statements are complete and true.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

The National Bowling Association, Inc.

OWEN O. WASHINGTON SCHOLARSHIP AWARD PROGRAM APPLICATION

APPLICANT'S NAME: _____

APPLICANT'S STATEMENT

Please provide a statement to the following question. "What are your future plans and why you think you should receive this scholarship award? Please limit to 500 words or less. (Type or print neatly.)

APPLICANT'S SIGNATURE _____

The National Bowling Association, Inc.

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APPLICANT'S NAME _____

TNBA MEMBER REFERENCE PAGE

Note: Person giving reference must not be related to the applicant.

NAME _____ TITLE/POSITION _____

MEMBER OF _____ TNBA SENATE

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

BRIEF STATEMENT

Please write a statement expressing your knowledge of the applicant. Include any positions the applicant and/or their parents have held in TNBA, and what you believe to be the applicant's potential for success in college.

Signature: _____ **Date:** _____

Return to Local TNBA Senate Scholarship Chairperson BY MARCH 10.

NAME of Local Scholarship Chairperson

ADDRESS

CITY/STATE

ZIP

PHONE

The National Bowling Association, Inc.

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APPLICANT'S NAME _____

SCHOOL OFFICIAL'S REFERENCE PAGE

Note: Person giving reference must not be related to the applicant.

NAME _____ TITLE/POSITION _____

SCHOOL DISTRICT _____ SCHOOL _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

BRIEF STATEMENT

Please write a statement expressing your knowledge of the applicant. Include how long you've known applicant, and what you believe to be their potential for success in college.

Signature: _____ **Date:** _____

Return to Local TNBA Senate Scholarship Chairperson BY MARCH 10.

NAME of Local Scholarship Chairperson

ADDRESS

CITY/STATE

ZIP

PHONE

The National Bowling Association, Inc.

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APPLICANT'S NAME _____

COMMUNITY LEADER/CHURCH OFFICIAL REFERENCE PAGE

Note: Person giving reference must not be related to the applicant.

NAME _____ TITLE/POSITION _____

NAME OF ORGANIZATION/CHURCH _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

BRIEF STATEMENT

Please write a statement expressing your knowledge of the applicant. Include how long you've known applicant, applicant's involvement in community and/or church activities, and what you believe to be the applicant's potential for success in college.

Signature: _____ **Date:** _____

Return to Local TNBA Senate Scholarship Chairperson BY MARCH 10.

NAME of Local Scholarship Chairperson

ADDRESS

CITY/STATE

ZIP

PHONE

The National Bowling Association, Inc.

OWEN O. WASHINGTON SCHOLARSHIP AWARD PROGRAM APPLICATION

REQUEST FOR TRANSCRIPT

STUDENT'S NAME _____ ID # _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

NAME OF HIGH SCHOOL _____

ADDRESS _____

CLASS RANK _____ OUT OF _____.

CUMULATIVE GPA _____ (HIGHEST GPA POSSIBLE _____)

Please send a copy of my high school transcript to the Local Scholarship Chairperson of The National Bowling Association, Inc. (Please include attendance if it is not reported on transcript.)

APPLICANT'S SIGNATURE _____ DATE _____

Send Transcript to Local TNBA Senate Scholarship Chairperson by March 10.

NAME of Local Scholarship Chairperson
ADDRESS _____ CITY/STATE _____
ZIP _____
PHONE _____