

## APPLICATION FOR ALL MONTANA BOWLING PROPRIETORS ASSOCIATION SCHOLARSHIPS

You are applying for the following scholarships listed below:

<b>2 Montana Bowling Proprietors/Steve Ryan Memorial (boy &amp; girl)</b>	<b>\$500.00 each</b>
<b>2 Montana Bowling Proprietors/Gary Gerhardt Memorial (boy &amp; girl)</b>	<b>\$500.00 each</b>

The Montana Bowling Proprietors Scholarship will be available for a period of 1 year after high school graduation. An extension beyond one year may be granted, but must be requested before July 1<sup>st</sup> of the year following graduation.

### ELIGIBILITY REQUIREMENTS

To be considered, all candidates MUST:

1. Be a graduating senior.
2. Be a current member of a sanctioned USBC league in a Montana Bowling Proprietors Association member center (21 game minimum) and be in good standing for the current season. **Copies of most current League Standing sheets are required.**
3. Have unimpaired amateur standing in all athletic participation.
4. NOT bowled or participated in MUSBC Adult leagues or tournaments, jackpots, Monte Carlo's, etc.  
EXCEPTION: It is acceptable to bowl in an adult singles league as long as any prize money is sent to SMART.
5. Include SAT/ACT test results if available in Part III of the application.
6. Send two (2) sets of the completed application and requested attachments NO LATER THAN MARCH 1.  
**Note: Applications postmarked after March 1 will not be accepted!!!**
7. Attend a college, university, vocational-technical school or other accredited school of higher learning.

### APPLICATION PROCEDURE

**Each Candidate will:**

1. Give Part II to their Coach and ask that he/she complete the form and return it to them.
2. Give Part III to a school Teacher or Counselor and request that they complete the form and return it.
3. Complete Part I, page 1 and 2, and have your Coach sign the completed form.
4. Obtain the completed forms from their Coach and Teacher/Counselor early enough to allow time to mail the application.
5. Make two (2) copies of each page of the completed scholarship application (Part 1, page 1 & 2, Part II, and Part III) and any additional information provided by their coach and/or teacher.
6. Submit the original and one (1) copy of the completed application to the Executive Director of the MBPA listed below, making sure your application is postmarked no later than March 1. Keep one (1) copy for yourself.

**Tom Brendgord**  
**Montana Bowling Proprietors Association**  
**1299 Wicks Lane**  
**Billings, MT 59105**

7. Applications can be faxed to (406) 252-3220 or scanned and emailed to t.brendgord@att.net, but not later than March 1<sup>st</sup>.

(Attach recent photo here)

**MONTANA BOWLING PROPRIETORS ASSOCIATION SCHOLARSHIP APPLICATION**  
**PART I, PAGE 1 – TO BE COMPLETED BY CANDIDATE**

Name \_\_\_\_\_  
Last First (Include Nickname, if applicable) Middle Initial

Address: \_\_\_\_\_  
Street/PO Box City Zip

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ SSN: \_\_\_\_\_

Parents/Guardians (full name(s)) \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Name of high school from which you will graduate: \_\_\_\_\_

Date of your high school graduation (Mo/Yr): \_\_\_\_\_

College(s) applied to: \_\_\_\_\_

Which college will you attend if accepted? \_\_\_\_\_

What is your proposed course of study? \_\_\_\_\_

Do you plan to work during your college years? \_\_\_\_\_

List community & civic activities outside of school and number of years involved in each:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List school activities and offices held and number of years involved in each:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MUSBC membership number: \_\_\_\_\_ Name of local association: \_\_\_\_\_

Name of bowling center(s) where you bowl league: \_\_\_\_\_

Number of years you have bowled in a Montana youth sanctioned league, count current year as one: \_\_\_\_\_

Have you ever bowled/participated in an ABC/WBA/MUSBC Adult league or tournament, a jackpot tournament, Monte Carlo's, etc? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a certified coach? \_\_\_\_\_ Date and place of certification: \_\_\_\_\_

PART I, Page 2

Include local, state and/or national delegate spot or office held (write in the position and number of years served for each):

_____ President	_____ Vice President	_____ Secretary/Treasurer
_____	_____ Active Junior Leader	_____ Active Junior Coach
_____	_____	_____
_____	_____	_____

Highest Career Average: \_\_\_\_\_ Highest Career Game: \_\_\_\_\_ Highest Career Series: \_\_\_\_\_

Current February 1 average (minimum of 2/3 of League Schedule): \_\_\_\_\_  
(Attach a February 1 league sheet from all leagues currently bowling in)

Tournament participation (not including local, state or YBC). List tournament & number of years participated.

_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach a **1 page** list of bowling honors and/or awards. Include sanctioned local, state & YBC tournaments and any others not shown above.

Attach **up to 2** letters of recommendations (not including the one from your coach).

Signature of Candidate: \_\_\_\_\_ Date: \_\_\_\_\_

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NOTE:

The completed application forms **MUST** be addressed to the Montana Bowling Proprietors Association and postmarked by March 1. **Any application postmarked after March 1 will not be accepted.**

When you give Part II to your Coach and Part III to your Teacher/Counselor, specify a date on which you will need the completed form returned to you in order to allow time to copy and mail out the application. Specify that you need the forms returned to you.

When you have completed the forms:

1. Make two (2) copies of each and every page of the application, plus any additional paperwork to be provided to you.
2. Attach a recent photo as indicated on Part I, Page 1, and all on copies of your application.
3. Send the original and one (1) copy (keep one set for yourself), in their entirety to:

**Tom Brendgord  
Montana Bowling Proprietors Assn.  
1299 Wicks Lane  
Billings, MT 59105**

**MONTANA BOWLING PROPRIETORS ASSOCIATION YOUTH SCHOLARSHIP APPLICATION  
PART II – TO BE COMPLETED BY CANDIDATE’S PRIMARY LEAGUE COACH**

Name of Candidate: \_\_\_\_\_  
Last First (Include Nickname) Middle Initial

Name of Coach: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address of Coach: \_\_\_\_\_  
Street/PO Box City, State, Zip

Number of Years Candidate has bowled in SANCTIONED Leagues (count current year as one): \_\_\_\_\_

Number of Weeks Candidate’s League Bowls: \_\_\_\_\_ Number of Times Candidate Absent: \_\_\_\_\_

	<b>Yes</b>	<b>No</b>
Does the Candidate: Know how to keep score?	_____	_____
Know and observe bowling etiquette and Good sportsmanship?	_____	_____
Observe League and Establishment Rules?	_____	_____
Set a good example for other bowlers?	_____	_____
Have a good attitude towards his/her bowling?	_____	_____
Work effectively with Junior Bowlers?	_____	_____
Assist with local Association Tournaments?	_____	_____
Assist with state Association Tournaments?	_____	_____
Bowl in the MUSBC Championship Tournament? Number of Times: _____	_____	_____
Bowl in the YBC Championship Tournament? Number of Times: _____	_____	_____
Bowl in MUSBC Adult leagues, tournaments, Jackpots or Monte Carlo’s? If Yes, Which One? _____	_____	_____

Is the Center in which your league bowls a member of the Montana Bowling Proprietors Association? \_\_\_\_\_

Signature of Coach: \_\_\_\_\_

**Coach:**

Please attach an additional page with information you think would be helpful to the committee in evaluating this candidate. Please complete this form and return it to the candidate by the date he/she requests. As the candidate is applying for several scholarships, your prompt attention to completing this form will assist the candidate in turning in their application prior to the deadline. Thank you for your assistance in completing this form. **Note: Please provide a February 1 league sheet for each league applicant is currently bowling in.**

**MONTANA BOWLING PROPRIETORS ASSOCIATION YOUTH SCHOLARSHIP APPLICATION**

**PART III – TO BE COMPLETED BY HIGH SCHOOL TEACHER OR COUNSELOR**

NAME OF CANDIDATE: \_\_\_\_\_

The above candidate is vying for the applicable scholarships, as listed below. Please provide him/her with the requested information, which are required elements of the judging process. You may use the reverse side, or an additional page to provide additional information that you feel will prove useful in the evaluation of this student. Please complete and return the form to the candidate on the dates he/she requests. Thank you for your assistance in completing this form, and your prompt attention to it.

1. Please give the student's grade point average for grades 9-12, based on a 4.0 scale.

Grade 9 \_\_\_\_\_ Grade 10 \_\_\_\_\_ Grade 11 \_\_\_\_\_ Grade 12 \_\_\_\_\_

**OR**

First Semester, Grade 12 (Cumulative) \_\_\_\_\_

2. SAT Score \_\_\_\_\_ **OR** ACT Score \_\_\_\_\_

3. Please attach a copy of his/her transcripts.

Name of Person completing this form: \_\_\_\_\_

Position: \_\_\_\_\_ Telephone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Scholarships Available:

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