

**GEORGIA STATE USBC YOUTH ASSOCIATION  
BOB KELLY MEMORIAL SCHOLARSHIP AID APPLICATION**

1. \_\_\_\_\_  
Full Name (PRINT) Social Security #
2. \_\_\_\_\_  
Street Address City State Zip Telephone Number
3. \_\_\_\_\_  
Current USBC Membership # Local Association / Division
4. Circle Current Grade High School: 11 12 College: Freshmen Sophomore Junior Senior
5. Required Current School Transcript enclosed? \_\_\_\_\_
6. How many years have you been a member of YABA/USBC? \_\_\_\_\_
7. List names of leagues in which you presently bowl: \_\_\_\_\_
8. Member of Youth Leaders? State \_\_\_\_\_ Local \_\_\_\_\_ No \_\_\_\_\_.
9. Are you a student coach? Yes \_\_\_\_\_ No \_\_\_\_\_ *If Yes, Letter from Coach is required.*
10. Number of years you have bowled in these tournaments:  
State \_\_\_\_\_ Local \_\_\_\_\_ Youth Leader \_\_\_\_\_ YBC \_\_\_\_\_ Charity \_\_\_\_\_ Ga. Games \_\_\_\_\_
11. Names of High Schools and years attended \_\_\_\_\_  
Names of Colleges and years attended \_\_\_\_\_
12. Are you or will you be receiving other financial aid or scholarships? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, from whom and amount \_\_\_\_\_
13. What college do you plan to enter or are now attending? \_\_\_\_\_
14. How many brothers and sisters reside in your family home and ages? \_\_\_\_\_
15. Parents Occupation? Father \_\_\_\_\_ Mother \_\_\_\_\_  
Check box for Parents Approximate Combined Income:  
[ ] Under \$25,000 [ ] \$25,001 - \$40,000 [ ] \$40,001 - \$60,000 [ ] Over \$60,000
16. School activities and offices held: \_\_\_\_\_  
\_\_\_\_\_
17. After school jobs and how many hours do you work a week? \_\_\_\_\_
18. Attached any Recommendations Yes \_\_\_\_\_ No \_\_\_\_\_

**Applicants should utilize Checklist on the back side of Application** All Scholarship Applications with supporting documents must be completed in full by the applicant and must reach the address below **postmarked no later the March 15th** of the year submitted.

Scholarship Chairperson John Topper 4041 Hwy 37 Camilla, Ga. 31730  
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