

**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 # email address Local Association
4. Circle Current Grade High School: 11 12 College: Freshmen Sophomore Junior Senior
5. Required Current School Transcript enclosed? _____, if in college – current college transcript.
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

Mail Application to:
Janice Helton – State Scholarship
2137 Kingsley Ct. Augusta, Ga. 30906
Email: jhelton03@comcast.net Phone: (706) 796-0744