

The National Bowling Association, Inc.

OWEN O. WASHINGTON SCHOLARSHIP AWARD PROGRAM

INTRODUCTION

The National Bowling Association, Inc. annually offers \$10,000.00 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 \$1,500; 2nd place \$1,250; and 3rd place \$1,000. Five (5) Book Scholarships of \$500 each to the additional top five applicants.

OPERATIONS & PROCEDURES

1. The National Scholarship Chairperson will furnish scholarship applications to Local Senates' Scholarship Chairpersons. Applications are to be provided to qualified high school seniors or their parents who are members of TNBA.
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 when necessary by 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 applications to the National Scholarship Chairperson by April 1.
6. The National Scholarship Committee will evaluate applications for: a) cumulative grade point average, b) school attendance, c) application neatness, d) financial need, e) community, school, TNBA & church involvement, f) letters of recommendation, and g) applicant's 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. Scholarships will be awarded after approval at the Annual Summer Execution Committee Meeting in August.

SCHOLARSHIP CHAIRPERSON

Ms. Gwen Amie

7520 Arborcrest Ave

Las Vegas, NV 89131

(702) 860-5556

E-mail Address: Tnbascholarship@aol.com or

gwen.amie@tnbainc.org

Revised 1/14

The National Bowling Association, Inc.

OWEN O. WASHINGTON SCHOLARSHIP AWARD PROGRAM

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

NAME _____ TELEPHONE (_____) - _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PARENTS/APPLICANT IS A MEMBER OF _____ TNBA SENATE

TNBA JUNIOR BOWLER Y / N LEAGUE _____ CARD # _____

POST SECONDARY COLLEGE _____

POST SECONDARY MAJOR _____ MINOR _____

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

Local TNBA Member (4A)	School Official (4B)	Community or church Leader(4C)
NAME:	NAME:	NAME:
PHONE #:	PHONE #:	PHONE #:

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

APPLICANT'S INFORMATION (Applicants are encouraged to include a resume)

SCHOOL / CHURCH / COMMUNITY / ETC. INVOLVEMENT
HONORS AND AWARDS, ETC.
TNBA INVOLVEMENT, AWARDS, ETC.

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

APPLICANT'S NAME _____ EMAIL _____

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

FATHER'S NAME _____ OCCUPATION _____

TNBA MEMBER: Y/N (IF YES) CARD # _____ TELEPHONE # _____

MOTHER'S NAME _____ OCCUPATION _____

TNBA MEMBER: Y/N (IF YES) CARD # _____ TELEPHONE # _____

TOTAL ANNUAL FAMILY INCOME FOR JANUARY 1 TO DECEMBER 31 OF LAST YEAR:

___ \$0 – 25,000 ___ \$25,001 – 50,000 ___ \$50,001 – 75,000 ___ \$75,001 – 100,000 ___ \$100,001 - above

DEPENDENTS IN HOUSEHOLD

NAME	AGE	GRADE	NAME	AGE	GRADE

We do hereby declare to the best of our knowledge that all statements contained in this application are complete and true.

Father's (Legal Guardian) Signature Father's (Legal Guardian) Name Printed Date

Mother's (Legal Guardian) Signature Mother's (Legal Guardian) Name Printed Date

Local Scholarship Chair's Signature Local Scholarship Chair's Name Printed Date

Local Scholarship Chair's Address City, State, Zip Phone

The National Bowling Association, Inc.

OWEN O. WASHINGTON SCHOLARSHIP AWARD PROGRAM

APPLICANT'S NAME (PRINT): _____

APPLICANT'S STATEMENT

Please provide your personal statement to the following questions. "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.) If you write statement on another sheet, don't forget to sign it.

APPLICANT'S SIGNATURE _____

-Page 3-

Revised 1/14

PROMOTER OF SPORTSMANSHIP • FELLOWSHIP • FRIENDSHIP

The National Bowling Association, Inc.

OWEN O. WASHINGTON SCHOLARSHIP AWARD PROGRAM

APPLICANT'S NAME (PRINT) _____

TNBA MEMBER REFERENCE PAGE

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

NAME _____ TNBA TITLE/POSITION _____

MEMBER OF _____ TNBA SENATE

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

BRIEF STATEMENT

Please write a statement expressing your knowledge of the applicant, including any positions the applicant and/or their parents have held in TNBA. Include 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

APPLICANT'S NAME (PRINT) _____

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 clubs, awards, athletic team involvement, and what you believe to be 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

-Page 4B-

Revised 1/14

The National Bowling Association, Inc.

OWEN O. WASHINGTON SCHOLARSHIP AWARD PROGRAM

APPLICANT'S NAME (PRINT) _____

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

REQUEST FOR TRANSCRIPT

APPLICANT'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 including attendance for all four years of high school 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 _____