

The National Bowling Association, Inc.

OWEN O. WASHINGTON SCHOLARSHIP AWARD PROGRAM

INTRODUCTION

The Owen O. Washington (OOW) Scholarship is annually offered by the National Bowling Association, Inc. (TNBA) to provide financial assistance to graduating high school seniors who are TNBA Junior Bowlers or their parents/legal guardians are members of TNBA. (Scholarships are not available to graduates entering the military or military academies.)

OOW Scholarship offers a minimum of \$10,000.00 in the amounts of: \$1,500 for 1st place, \$1,250 for 2nd place, \$1,000 for 3rd place to the top three males and three females. A minimum of five \$500 Book Scholarships will be awarded to next top five applicants.

OPERATIONS & PROCEDURES

1. The National OOW Scholarship Chairperson will furnish scholarship applications to the National Office to send to the local TNBA bowling senate scholarship chairpersons in the annual Secretary/President packet. **FILLABLE applications are available on the TNBAinc.org website.**
2. Eligibility is restricted to graduating high school seniors who are TNBA Junior Bowlers or their parents/legal guardians are members of their Local TNBA Bowling Senate. Scholarships are not available to graduates entering the military or military academies.
3. The Local TNBA Bowling Senate Scholarship Chairperson will assist eligible seniors in completing the necessary forms and when necessary by contacting the proper personnel to ensure that the senior is able to obtain the components of the application.
4. All completed applications must be submitted to the **Local TNBA Bowling Senate Scholarship Chairperson on or before March 10**. Applications will be checked for completeness and forwarded to the **National OOW Scholarship Chairperson on or before April 1**.
5. **The National OOW Scholarship Chairperson** will acknowledge receipt of applications in writing and forward applications to the OOW Scholarship Committee members to evaluate.
6. **The National OOW Scholarship Committee members** will evaluate applications on:
 - a) applicant's resume' – **10 pts**
 - b) applicant's personal statement – **10 pts**
 - c) applicant's community service – **5 pts**
 - d) letter of recommendation from member of local bowling senate (cannot be a family member) – **5 pts**
 - e) letter of recommendation from school personnel (cannot be a family member) – **5 pts**
 - f) letter of recommendation community, church, employer, etc. (cannot be a family member) – **5 pts**
 - g) transcript containing cumulative GPA (including first semester of senior year grades) – **5 pts**
 - h) completeness and orderliness of application – **5pts**.
7. **The National OOW Scholarship Chairperson** will compile scores and consult with committee members to verify recipients. Recipients will be announced during the Annual TNBA Awards Banquet in May. **Scholarships will be awarded after receipt of proof of enrollment from applicants and approval at the TNBA Annual Summer Executive Committee Meeting in August.**

Ms. Gwen Amie, TNBA National OOW Scholarship Chairperson
7520 Arborcrest Ave. Las Vegas, NV 89131
(702) 860-5556 cell

E-mail Address: TnbaScholarships@gmail.com or gwen.amie@tnbainc.org

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(PLEASE TYPE or PRINT – Electronic Application is FILLABLE)

APPLICANT'S NAME: _____ **CELL:** _____

ADDRESS, CITY, STATE, ZIP: _____

TNBA JR. BOWLER? _____ **CARD#:** _____ **TNBA SENATE:** _____

EMAIL ADDRESS: _____

HIGH SCHOOL, DISTRICT: _____

COLLEGE or UNIVERSITY: _____

MAJOR and MINOR: _____

CAREER GOALS: _____

MOTHER/LEGAL GUARDIAN'S NAME: _____

TNBA MEMBER? _____ **CARD#:** _____ **TNBA SENATE:** _____

TELEPHONE: _____ **EMAIL:** _____

FATHER/LEGAL GUARDIAN'S NAME: _____

TNBA MEMBER? _____ **CARD#:** _____ **TNBA SENATE:** _____

TELEPHONE: _____ **EMAIL:** _____

LOCAL TNBA BOWLING SENATE CHAIRPERSON'S NAME: _____

LOCAL BOWLING SENATE: _____

ADDRESS, CITY, STATE, ZIP: _____

TELEPHONE: _____ **EMAIL:** _____

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

LOCAL TNBA CHAIR'S SIGNATURE: _____ **DATE:** _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____

PARENTS' SIGNATURE: _____ **DATE:** _____

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APPLICANT'S NAME: _____

LIST YOUR MOST IMPORTANT ACCOMPLISHMENTS BELOW AND ATTACH YOUR RESUME

TNBA INVOLVEMENT, HIGH SCORES, VOLUNTEER EXPERIENCE, HONORS AND AWARDS, ETC.

SCHOOL, CHURCH, COMMUNITY INVOLVEMENT, VOLUNTEER EXPERIENCE, HONORS AND AWARDS, ETC.

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APPLICANT'S NAME: _____

APPLICANT'S PERSONAL STATEMENT

Please provide your personal statement regarding the following questions. "What are your future plans, why do you think you should receive this scholarship award and what are your goals to assist your community? Please limit to 500 words or less.

APPLICANT'S SIGNATURE: _____ DATE: _____

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APPLICANT'S NAME: _____

TNBA MEMBER'S RECOMMENDATION PAGE

(CANNOT BE RELATED TO THE APPLICANT)

NAME: _____ TNBA TITLE: _____

MEMBER OF THE _____ TNBA BOWLING SENATE

EMAIL ADDRESS: _____ TELEPHONE: _____

(RECOMMENDATION MAY BE ATTACHED ON YOUR LETTERHEAD)

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

RECOMMENDER'S SIGNATURE: _____ Date: _____

Return BY MARCH 10 to:

LOCAL TNBA BOWLING SENATE'S CHAIRPERSON: _____

LOCAL TNBA BOWLING SENATE: _____

ADDRESS, CITY, STATE, ZIP: _____

TELEPHONE: _____ EMAIL: _____

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APPLICANT'S NAME: _____

SCHOOL OFFICIAL'S RECOMMENDATION PAGE

(CANNOT BE RELATED TO THE APPLICANT)

NAME: _____ TITLE / POSITION: _____

SCHOOL'S NAME, DISTRICT: _____

EMAIL ADDRESS: _____ TELEPHONE: _____

(RECOMMENDATION MAY BE ATTACHED ON YOUR LETTERHEAD)

Please write a statement expressing your knowledge of the applicant, including school activities, organizations, athletic teams, volunteer experiences, awards and the applicant's potential to be successful at a university or college.

RECOMMENDER'S SIGNATURE: _____ Date: _____

Return BY MARCH 10 to:

LOCAL TNBA BOWLING SENATE CHAIRPERSON'S NAME: _____

LOCAL TNBA BOWLING SENATE: _____

ADDRESS, CITY, STATE, ZIP: _____

TELEPHONE: _____ EMAIL: _____

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APPLICANT'S NAME: _____

**COMMUNITY LEADER, CHURCH OFFICIAL, EMPLOYER, ETC.
RECOMMENDATION PAGE**

(CANNOT BE RELATED TO THE APPLICANT)

NAME: _____ TITLE / POSITION: _____

NAME OF ORGANIZATION: _____

EMAIL ADDRESS: _____ TELEPHONE: _____

(RECOMMENDATION MAY BE ATTACHED ON YOUR LETTERHEAD)

Please write a statement expressing your knowledge of the applicant, including how long you have known them, involvement in your organization and the applicant's potential for success in college.

RECOMMENDER'S SIGNATURE: _____ Date: _____

Return BY MARCH 10 to:

LOCAL TNBA BOWLING SENATE'S CHAIRPERSON: _____

LOCAL TNBA BOWLING SENATE: _____

ADDRESS, CITY, STATE, ZIP: _____

TELEPHONE: _____ EMAIL: _____

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APPLICANT'S NAME: _____ STUDENT ID#: _____

ADDRESS, CITY, STATE, ZIP: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

HIGH SCHOOL, DISTRICT: _____

ADDRESS, CITY, STATE, ZIP: _____

APPLICANT'S CUMULATIVE GPA: weighted _____ / unweighted _____

CLASS RANK: _____ OUT OF _____ STUDENTS.

REGISTRAR'S SIGNATURE: _____ DATE: _____

Please attach a sealed copy of the applicant's high school transcript including senior semester grades or send to the Local Bowling Senate Scholarship Chairperson of The National Bowling Association, Inc. address listed below.

Return BY MARCH 10 to:

LOCAL TNBA BOWLING SENATE'S CHAIRPERSON: _____

LOCAL TNBA BOWLING SENATE: _____

ADDRESS, CITY, STATE, ZIP: _____

TELEPHONE: _____ EMAIL: _____