

**MERCER BULINGTON USBC BOWLING ASSOCIATION  
BOB BUCCI MEMORIAL SCHOLARSHIP**



United States Bowling Congress

**MUST BE A MEMBER OF MERCER COUNTY Y.A.B.A.**

Applicants Information:

Name: \_\_\_\_\_

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

Township: \_\_\_\_\_ NJ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School Grade: \_\_\_\_\_

Parent/Guardian's Information:

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Guardian's Full Name: \_\_\_\_\_

Bowling Information:

Number of years in Y.A.B.A. \_\_\_\_\_ Y.A.B.A. Certification Number: \_\_\_\_\_

Name of Bowling Center (s) you bowl: \_\_\_\_\_

Name of League (s) you bowl: \_\_\_\_\_

Name of Coach or Instructor: \_\_\_\_\_

Current Average: \_\_\_\_\_ High Game: \_\_\_\_\_ High Series: \_\_\_\_\_

Highest Average: \_\_\_\_\_ Year Established: \_\_\_\_\_ Age: \_\_\_\_\_

List all Tournaments, awards or achievements won while bowling in Y.A.B.A. leagues or tournaments:

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

Academic Information:

School you attend: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Class Ranking: \_\_\_\_\_

S.A.T. Scores or C.A.T. Scores:

Math: \_\_\_\_\_ Verbal: \_\_\_\_\_

Name and Location of College you plan to Attend:

\_\_\_\_\_

Have you been accepted?: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Major Field of Study: \_\_\_\_\_

Career Goals: \_\_\_\_\_

Any other Scholarships?: Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes in what Field: \_\_\_\_\_

Personal Information:

Hobbies and Activities: \_\_\_\_\_

\_\_\_\_\_

Community Service: \_\_\_\_\_

\_\_\_\_\_

School Clubs, Sports or Activities you have participated while in High School: \_\_\_\_\_

\_\_\_\_\_

PLEASE PROVIDE THE FOLLOWING WITH THIS APPLICATION

1. Copy of your scholastic records from High School, signed by your Guidance Counselor.
2. Attach a written letter, giving your reasons for applying for our scholarship. Please include in this letter your future goals both in life and bowling.

I Certify The Accuracy Of This Information:

\_\_\_\_\_

Student Signature

\_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature