

# WISCONSIN HIGH SCHOOL BOWLING CLUB

## REQUEST FOR SCHOLARSHIP FUNDS

\_\_\_\_\_  
(Students Name)

\_\_\_\_\_  
(Social Security Number)

a student of \_\_\_\_\_  
(Name of University or Learning Institute)

was awarded a scholarship

at \_\_\_\_\_ for \_\_\_\_\_  
(Name of Bowling Center) (Amount of Scholarship)

He/she has completed high school, and plans to continue their education here. Please submit any scholarship dollars due him/her to: *(The following MUST be filled out by a school official.)*

School \_\_\_\_\_

Dept. \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Date Funds should be paid by:** \_\_\_\_\_

Signature of School Official \_\_\_\_\_

Return this request to:

Bowling Centers Association of WI  
21140 W. Capitol Drive - Suite #5  
Pewaukee, WI 53072

or call with any questions:

1-800-229-3098 or 1-262-783-4292

**You must complete one semester of school prior to receiving your funds and send a copy of you 2nd semester bill with your request before we will send out your scholarhsip funds to the school.**