

# 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 \_\_\_\_\_

(Name of Bowling Center)

for \_\_\_\_\_

(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 \_\_\_\_\_

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

Return this request to:

Bowling Centers Association of WI  
N35 W21140 Capitol Drive - Suite #5  
Pewaukee, WI 53072

or call with any questions:

#800/229-3098 or #262/783-4292

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