

MICHIGAN BOWLING SCHOLARSHIP FUND
APPLICATION/WORKSHEET FORM

Please return this form **at least 60 days** prior to the start of the semester in which you wish to use it.
Requests received with less than 60 days notification may be delayed. Once the application is approved, the funds will be available in your SMART account.

Name of Student _____ Birthdate: ____/____/____

Current Address: _____

City: _____ State/Zip: _____

USBC #: _____ Phone: ____/____

E-Mail: _____

Do you currently have an account at SMART (USBC): Yes _____ No _____

Graduation Date: ____/____/____

What school will you be attending? _____

Please include a copy of your final high school transcript with this application otherwise it will be returned.

Signature

Return completed application and required documentation to:

Michigan Bowling Scholarship Fund – PO Box 217 – Grandville MI 49468-0217

or email to: Karen.hagan@michiganstateusbc.com or mark.martin@mdusbc.com