



**Minnesota State USBC Scholarship
Counselor/School Official
Academic Information**

Student Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Name of School Official/Counselor _____

School Name _____

Address _____

City _____ State _____ Zip code _____

Dear High School Official/Counselor:

Please complete this form to enable this student to apply for a scholarship from the Minnesota State USBC Bowling Association.

Please enclose a copy of their high school transcripts.

Grade Point Average – through last completed grading period _____

Class Rank _____ Out of _____

Attendance: _____ days absent from Freshman through Senior year.

All answers will be kept in confidence.

Thanks you for your assistance.

Signature of School Official

Date

Please complete form and mail to

Minnesota State USBC
Attn: Trista Kimmes
61 W. Little Canada Rd.
Suite 300
St. Paul, MN. 55117