

# Quad Cities Bowling Scholarship Form

Student's Full Name \_\_\_\_\_

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

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's or Guardian's Name: \_\_\_\_\_

Address & Phone: \_\_\_\_\_

Father or Guardian's Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Mother or Guardian's Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Class Rank: \_\_\_/\_\_\_ ACT/SAT Score: \_\_\_\_\_ G.P.A \_\_\_\_\_

School Related Activities and Offices Held: \_\_\_\_\_

Address of School: \_\_\_\_\_

Applied: \_\_\_\_\_ Accepted: \_\_\_\_\_

Major Interest of Study: \_\_\_\_\_

Eligibility Requirements:

1. Must be accepted by an Accredited College or University

PLEASE WRITE A SHORT ESSAY: WHY YOU SHOULD BE THE RECIPIENT OF THIS SCHOLARSHIP.