Dear High School Graduating Senior,

Enclosed you will find the application forms required for the VA State Blake Harrison Memorial Star of Tomorrow Scholarship. This scholarship will be awarded to at least one female and one male. The award amounts and the number of scholarships awarded each year are given at the discretion of the committee.

The committee will meet in May to evaluate the applications and select the recipients for the 2012 scholarships. You will be notified of the winners.

The application must be returned no later than March 15, 2012. Only complete applications will be considered.

Send your application to:

Kristen H. Robinson, Secretary
VA State Blake Harrison Memorial Star of Tomorrow Scholarship
10440 Malone Court
Fairfax, Virginia 22032

Should you have any questions concerning the application or about the scholarship, please give me a call (703) 426-1625 or send me an email virmardistrict@aol.com.

Sincerely,

Kristen H. Robinson, Secretary
VA State Blake Harrison Memorial Star of Tomorrow Scholarship
VA STATE BLAKE HARRISON MEMORIAL
STAR OF TOMORROW SCHOLARSHIP

If the applicant has special circumstances, i.e. physically handicapped, mentally retarded, etc. please call the scholarship secretary for how to apply for special funds.

Step 1) Completely fill out page 1.

Step 2) Give pages 1 and 2 to your league coach and ask him/her to sign page 1 and fill out and sign page 2. Have them mail page 1 and 2 to:
Kristen H. Robinson, Secretary,
Blake Harrison Memorial Star of Tomorrow Scholarship
10440 Malone Ct.
Fairfax, VA 22032.

Step 3) Have your parent or guardian fill out page 4. Give pages 3 and 4 to a school official or counselor. Ask the school official or counselor to fill out page 3 and mail it along with your transcript (including grades for the first half of your senior year) by March 15th to:
Kristen H. Robinson, Secretary,
Blake Harrison Memorial Star of Tomorrow Scholarship
10440 Malone Ct.
Fairfax, VA 22032

Step 4) Have your parent or guardian fill out page 5. Mail this to the scholarship secretary with your essay by March 15th.

Step 5) Write an essay of at least 150 words describing why you wish to attend college/trade school and your future goals. Mail your essay along with page 5 by March 15th to:
Kristen H. Robinson, Secretary
Blake Harrison Memorial Star of Tomorrow Scholarship
10440 Malone Ct.
Fairfax, VA 22032

Step 6) Check with the school official and coach by March 13th, to make sure the application papers and transcript have been mailed.

ELIGIBILITY REQUIREMENTS

Any graduating high school senior is eligible to apply for this scholarship providing the student:

A) Files and application furnished by the Scholarship Fund, giving complete information as required thereon, before March 15th, of any year with the Secretary of the scholarship committee

B) Must have unimpaired amateur standing in all athletics.

C) Must be a member of a league certified in the State of Virginia by the USBC and be in good standing for the current season.
VA STATE BLAKE HARRISON MEMORIAL
STAR OF TOMORROW SCHOLARSHIP

SCHOLARSHIP APPLICATION

NAME ____________________________________________________________  Male or Female

ADDRESS ___________________________________________________________________________
_____________________________________________________________________________________

_____________________________________________________________________________________

CITY                                                  STATE                                     ZIP CODE

DATE OF BIRTH  ________________________  PHONE NUMBER  ___________________________

E-MAIL ADDRESS    _________________________________________

USBC CERTIFICATION #  ____________________________________

SCHOOL YOU ARE NOW ATTENDING __________________________________________________

HOW LONG HAVE YOU BEEN IN THE USBC (YABA) PROGRAM?  _________________YEARS

OFFICES HELD IN THE YOUTH LEAGUES (TEAM CAPTAIN, SECRETARY, ETC.)__________________

ARE YOU ACTIVE IN THE LOCAL YOUTH ASSOCIATION WORK?   __________

ARE YOU ACTIVE IN CLASS OR SCHOOL ORGANIZATIONS?   ________________

TO WHAT ACCREDITED EDUCATIONAL FACILITY(S) WILL YOU APPLY  A.  COLLEGE _____
B. VOCATIONAL _____ C. TRADE ________  D.  OTHER ________

TO WHAT EDUCATIONAL INSTITUTION(S) HAVE YOU SENT APPLICATIONS?

_____________________________________________________________________________

WHAT WILL BE YOUR COURSE OF STUDY?  _______________________________________

DO YOU PLAN TO WORK WHILE FURTHERING YOUR EDUCATION?  __________

FATHER’S FULL NAME _____________________________________________

MOTHER’S FULL NAME ____________________________________________

ADDRESS OF BOTH IF NOT THE SAME AS ABOVE

_____________________________________________________________________________

TO MY KNOWLEDGE THE ABOVE STATEMENTS ARE CORRECT.

_____________________________________                         ___________________________________
SIGNATURE OF COACH                                  SIGNATURE OF APPLICANT

Revised 9/2011
VA STATE BLAKE HARRISON MEMORIAL
STAR OF TOMORROW SCHOLARSHIP

COACH EVALUATION & DATA SHEET

APPLICANT’S NAME ______________________________________________ DATE __________

ADDRESS _________________________________________________________________________

NAME OF COACH ______________________________________________ PHONE _______________

ADDRESS ____________________________________________________________________________

NAME OF BOWLING CENTER IN WHICH APPLICANT BOWLS _____________________________

HOW MANY YEARS HAS APPLICANT BOWLED IN YOUTH LEAGUES? _____________________

NUMBER OF GAMES LEAGUE HAS BOWLED THROUGH FEBRUARY 15. ________________

NUMBER OF GAMES BOWLED BY APPLICANT THROUGH FEBRUARY 15. ________________

AVERAGE AS OF FEBRUARY 15, (MINIMUM, TWO THIRDS OF LEAGUE GAMES) __________

DID APPLICANT BOWL IN LAST CITY TOURNAMENT?  YES ______  NO _______

IF NOT WAS ONE HELD?  _____________

DID APPLICANT BOWL IN LAST STATE TOURNAMENT?  YES _______ NO _______

ATTITUDE:

A.  IS THE APPLICANT HELPFUL TO FELLOW BOWLERS?  YES _____ NO _____

   IF YES, EXPLAIN _________________________________________

B.  IS APPLICANT HELPFUL TO COACH?                                   YES ______ NO _______

   IF YES, EXPLAIN _________________________________________

C.  LANE COURTESY   VERY GOOD  _________ GOOD ________ FAIR ______

D.  SPORTSMANSHIP   VERY GOOD _________  GOOD ________ FAIR ______

E.  DOES APPLICANT ABIDE BY THE USBC YOUTH CODE?   YES _____ NO _____

COACH’S COMMENTS: (USE SEPARATE SHEET IF NECESSARY):

PLEASE WRITE ADDITIONAL REMARKS THAT YOU THINK WOULD BE HELPFUL IN
EVALUATING THIS BOWLER.

__________________________________________________________
SIGNATURE OF COACH

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COUNSELOR OR TEACHER EVALUATION & DATA SHEET

APPLICANT’S NAME __________________________________________________ DATE _________

ADDRESS ____________________________________________________________________________

NAME OF COUNSELOR OR TEACHER ___________________________________________________

SCHOOL ADDRESS ______________________________________________ PHONE ______________

COUNSELOR OR TEACHER: Please complete this sheet to enable this student to apply for a scholarship
from the Virginia State USBC Youth Scholarship Fund. All information will be confidential. Please mail
page 3 (Counselor or Teacher Evaluation and Data Sheet) and a transcript of the applicant’s grades
including the first semester of the senior year by March 15th to:

Kristen H. Robinson, Secretary
Blake Harrison Memorial Star of Tomorrow Scholarship
10440 Malone Ct.
Fairfax, VA 22032

ACTIVITIES IN SCHOOL BESIDES CLASSROOM WORK ________________________________

ANY ADDITIONAL REMARKS THAT YOU THINK WOULD BE HELPFUL IN EVALUATING THIS
STUDENT.

_____________________________________
COUNSELOR OR TEACHER SIGNATURE

______________________________________
POSITION
Revised 9/2011
TO WHOM IT MAY CONCERN:

WE, THE UNDERSIGNED, HEREBY CONSENT TO HAVE __________________________________
SCHOOL RELEASE THE GRADES AND OTHER NECESSARY INFORMATION TO THE VIRGINIA
STATE USBC YOUTH IN ORDER FOR SENIOR STUDENT,
__________________________________________, TO APPLY FOR THE SCHOLARSHIP
BEING OFFERED.

__________________________________________
SENIOR STUDENT APPLICANT

__________________________________________
PARENT/GUARDIAN

Note: This form should be submitted to the high school when requesting your transcript.

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VA STATE BLAKE HARRISON MEMORIAL
STAR OF TOMORROW SCHOLARSHIP

PARENT OR GUARDIAN APPLICATION

ON THIS FORM EXPLAIN ANY INFORMATION RELEVANT TO THE APPLICANT'S NEED FOR THIS SCHOLARSHIP. INCLUDE FACTORS THAT SHOULD BE BROUGHT TO THE ATTENTION OF THIS SELECTION COMMITTEE. THIS INFORMATION IS ONLY FOR THE INTENDED USE OF THE SELECTION COMMITTEE.

PARENT OR GUARDIAN SIGNATURE

Revised 9/2011