



**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