

FCBA MEN'S BOWLING ASSOCIATION SCHOLARSHIP

HISTORY AND GENERAL INFORMATION

Funding for this Scholarship Trust began in 1981 by the FCBA Men's Bowling Association. As one of the largest organizations in this area, this was thought to be an excellent way to aid our community and benefit our members. The primary purpose of this Trust is to provide financial assistance to the qualified graduating seniors. The first scholarship available was in 1983 in the amount of \$250.00 per year for each of the four school years. The scholarship may be applied to any accredited two or four year college.

APPLICANT'S ELIGIBILITY

The principal requirements of the scholarship are that the applicant be:

- 1.) A graduating senior:
- 2.) A son or daughter of a member of the FCBA Men's Bowling Association; or
a son or daughter of a member of the Canton Women's Bowling Association;
or a active member of the Canton Youth Alliance Bowling.
- 3.) *in financial need; and
- 4.) maintaining good scholarship records

* After the preliminary screening by the Trustees, a copy of the prior year's tax return will be required.

RECIPIENT'S REQUIREMENTS

- 1.) Having the school apply directly to the Well's Fargo Bank Illinois, Department, for payment
- 2.) Furnishing the Well's Fargo Bank Illinois, Trust Department, with names and addresses of the office where the funds are to be mailed.
- 3.) Furnishing the Trustees with a grade report at the end of each semester.
- 4.) Submitting a copy of the prior year's 1040 tax return to ensure continuing financial necessity.

APPLICATION

(This application must be completed in full including both mother and father's name, address and income, even if you do not live with both parents.)

Print or Type only:

1. NAME: (Mr./Miss) _____

ADDRESS: _____

(Street)

(City)

(Zip)

DATE OF BIRTH: _____ TELEPHONE: _____

2. Your bowling affiliation is:

_____ Father is a member of FCBA.

_____ Mother is a member of CWBA.

_____ I am a member of YABA.

3. FATHER'S NAME: _____

OCCUPATION: _____

INCOME: _____

MOTHER'S NAME: _____

OCCUPATION: _____

INCOME: _____

COMBINED gross income: _____

Total number of dependants claimed on U.S. 1040 tax return _____

4. SCHOLARSHIP INFORMATION:

(Please attach a copy of your high school transcript).

High School (s): _____

Graduating date: _____

Rank in Class: _____ Number in Class: _____

Special achievements or honors: _____

College test scores: SAT _____ ACT _____

College you plan to attend: _____

Major courses of study: _____

Profession or occupation desired: _____

5. PERSONAL REFERENCES: (Not a family member)

NAME: _____

Address: _____

NAME: _____

Address: _____

NAME: _____

Address: _____

NOTE: Include letters of recommendations from two of the three people listed.

6. Have you been granted or have you ever applied for other scholarship aid? _____

If so, please identify and give amount: _____

7. List on a separate sheet, any other pertinent date (such as extracurricular activities, employment, civic services, religious services, etc.) that might give the Trustee further insight as to your character. Be specific and give a concise explanation of your role or function in each.

Answer all questions completely and return form (with transcript) by **April 15, 2006**, to:

Mr. John Clark
Attorney at Law
122 North Avenue A
Canton, Illinois 61520
Phone: (309)647-5065