MARVIN AND DARLENE RAIMER SCHOLARSHIP FORM 2025-26

NAME _____ Youth membership #_____

ADDRESS_____

SEX____ AGE____ PHONE NUMBER _____

MOTHER'S NAME _____OCCUPATION_____

FATHER'S NAME_____OCCUPATION_____

MOTHER/FATHER / GRANDMOTHER/GRANDFATHER MEMBERSHIP #_____
(If applicable, need the name of the grandparent _____)

LEAGUE(S)_____

TOTAL NUMBER OF CHILDREN IN FAMILY _____ (____AT HOME: ____ AT COLLEGE}

DO YOU NOW HAVE A JOB?_____ Summer _____Winter _____Both
WHERE?_____
HOW LONG_____ JOB DESCRIPTION_____
_____

****A SCHOLARSHIP IN THE AMOUNT OF $500.00 WILL BE AWARDED ON THE BASIS OF THE FOLLOWING: (CHECK ISSUED AFTER SUBMITTING 1st SEMESTER'S GRADES AND PROOF OF 2nd SEMESTER REGISTRATION TO PORTAGE USBC ASSOCIATION. **THEY MUST BE RECEIVED BY OR POSTMARKED BY JAN 31, 2027 OR SCHOLARSHIP WILL BE FORFEITED**.

A GRADUATING SENIOR WHOSE **Parent/grandparent** IS AN 2025-26 MEMBER OF PORTAGE USBC ASSOCIATION OR THE APPLICANT IS A **2025-26 MEMBER OF THE PORTAGE JUNIOR BOWLING LEAGUE.** ALSO TO QUALIFY, PARENT(s), GRANDPARENT(s) AND /OR JUNIOR BOWLER MUST HAVE BOWLED AT LEAST 21 GAMES AND BE IN GOOD STANDINGS WITH THE LEAGUE AND ASSOCIATION.

RETURNING THE FOLLOWING INFORMATION TO THE COMMITTEE, POSTMARKED BY ***APRIL 1 2026 OMISSION OF ANY INFORMATION MAY ELIMINATE THE APPLICANT!***

1. **APPLICATION BLANK**
2. **COLLEGE** _____FULL TIME_____PART TIME_____
3 **DEGREE OR GOALS**_____
4 **STATEMENT ABOUT YOURSELF AND YOUR FINANCIAL NEEDS.**
5. **TWO (2) LETTER OF RECOMMENDATION**
6 **TRANSCRIPT OF SCHOLASTIC RECORD** (SCHOOL WILL PROVIDE THIS UPON YOU REQUEST FOR GRADES)
7 **LIST OF OTHER SCHOLARSHIPS APPLIED FOR**: Yes __ No__ Please list them if yes
8. **DATE OF AWARD'S NIGHT** _____
School address_____

PLEASE MAIL THIS INFORMATION TO **Joyce Jansen**
W6502 Phillips Road, Pardeeville, WI53954

POSTMARKED BY THE 1 APRIL 2026 **QUESTIONS? TEXT JOYCE JANSEN 608-697-9415 or email to PortageUSBC@gmail.com**