

PORTAGE USBC ASSOCIATION WOMEN SCHOLARSHIP FORM 2025-26

NAME _____ Youth membership # _____

ADDRESS _____

SEX ___ AGE ___ PHONE NUMBER _____

MOTHER'S NAME _____ OCCUPATION _____

FATHER'S NAME _____ OCCUPATION _____

MOTHER / GRANDMOTHER MEMBERSHIP # _____
(If applicable, need the name of the grandmother _____)

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 _____

Scholarships are awarded based on funds available.

****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 **MOTHER/GRANDMOTHER** 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 if yes.
8. DATE OF AWARD'S NIGHT _____

School address _____

PLEASE MAIL THIS INFORMATION TO Portage USBC Association, W6502 Phillips Road, Pardeeville, WI 53954

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