

**BLAKE HARRISON MEMORIAL SCHOLARSHIP  
OF THE VIRGINIA STATE USBC**

10440 Malone Court  
Fairfax, Virginia 22032

Dear Graduating Senior,

Enclosed you will find the application forms required for the Blake Harrison Memorial Scholarship of the Virginia State USBC. Last year two female scholarships (\$800 and \$600) and two male scholarships (\$800 and \$600) were awarded. These scholarships are renewable for an additional three years if the required GPA is met. The award amounts, renewals and the number of scholarships awarded each year are up to the discretion of the Board of Trustees.

The Board of Trustees of the scholarship will meet in June to evaluate the applications and select the recipients for the 2010 scholarships. You will be notified of the winners.

The application must be returned no later than **March 15, 2010. Only complete applications will be considered.**

Send your application to:

Kristen H. Robinson, Secretary  
Blake Harrison Memorial 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](mailto:virmardistrict@aol.com).

Sincerely,

Kristen H. Robinson, Secretary  
Board of Trustees  
Blake Harrison Memorial Scholarship  
of the Virginia State USBC

## **BLAKE HARRISON MEMORIAL SCHOLARSHIP FUND OF THE VIRGINIA STATE USBC**

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 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 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 Scholarship  
10440 Malone Ct.  
Fairfax, VA 22032

Step 6) Check with the school official and coach by March 13<sup>th</sup>, 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 15<sup>th</sup>, of any year with the Secretary of the Scholarship Fund Board of Trustees.
- 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. (This does not apply to college students that are applying for additional funds under Article I).
- D) College students applying for additional funds (if available) under Article I, must have maintained the following grades: First year 2.5 GPA or better. Second and third year average 2.9 GPA or better.

**BLAKE HARRISON MEMORIAL SCHOLARSHIP  
OF THE VIRGINIA STATE USBC  
SCHOLARSHIP APPLICATION**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ CITY STATE ZIP CODE

DATE OF BIRTH \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

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

**BLAKE HARRISON MEMORIAL SCHOLARSHIP  
OF THE VIRGINIA STATE USBC  
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  
Revised 9/2009

**BLAKE HARRISON MEMORIAL SCHOLARSHIP  
OF THE VIRGINIA STATE USBC  
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 15<sup>th</sup> to:**

Kristen H. Robinson, Secretary  
Blake Harrison Memorial 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

**BLAKE HARRISON MEMORIAL SCHOLARSHIP  
OF THE VIRGINIA STATE USBC**

RELEASE FORM FOR STUDENT'S GRADES

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

**BLAKE HARRISON MEMORIAL SCHOLARSHIP  
OF THE VIRGINIA STATE USBC  
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.

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PARENT OR GUARDIAN SIGNATURE