

Ron Mort Memorial Scholarship / Helen Quarantello Memorial Scholarship  
Niagara Falls U.S.B.C. Bowling Association

Eligibility Rules:

Any Junior or Senior High School Student – Male / Female who will be accepted as a candidate to a higher education (college, university, vocational, technical) is eligible to receive the scholarship proving the student meets the following requirements.

Applicants must reside in Niagara County during the application process.

Applicant must be a member of the Niagara Falls U.S.B.C. Youth Bowling Program or a bowler from Niagara Falls, Niagara Wheatfield or Lew-Port in a certified high school bowling program. Must be in good standings for the current season and must have bowled a minimum of 21 games for the current season.

Applicant must file an application furnished by the scholarship committee giving complete information as required thereon, postmarked by **April 15, 2020**. Application is to be filed with the chair of the scholarship committee.

SCHOLARSHIP AWARD: Up to two (2) candidates will be awarded \$1,000 to both a male and a female candidate. These awards may be granted each year at the discretion of the scholarship committee. If an existing scholarship at any time is rejected refused or the grantee becomes ineligible for any reason, the scholarship committee may grant the scholarship to another eligible applicant.

APPLICATION PROCEDURE:

- Step #1 Applicant complete page number one entirely, has parent or legal guardian sign application and mail it to the scholarship committee at the address below by **April 15, 2020**.
- Step #2 Applicant complete an essay “**What are your goals and how will the scholarship help you to achieve them.**” Sign the essay and mail it, along with completed page one, to the scholarship committee at the address below by **April 15, 2020**.
- Step #3 Applicant gives page two to a school official or guidance counselor along with a stamped envelope to the chairman of the scholarship committee. School representative completes the form and must be mailed by **April 15, 2020**.
- Step #4 Applicant gives page three to a league official along with a stamped envelope addressed to the chairman of the scholarship committee. League official completes the form and must be mailed by **April 15, 2020**.
- Step #5 Applicant gives page four to a NFL team official (high school team) with a stamped envelope addresses to the chairman of the scholarship committee. NFL team official completes the form and must be mailed by **April 15, 2020**.
- Step #6 It is the responsibility of the applicant to check with league official, school representative and NFL team official (if available) to ensure that all application pages have been mailed by **April 15, 2020**.

**\*\*Application will not be considered if all steps are not completed and postmarked by April 15, 2020.**

Niagara Falls U.S.B.A. Bowling Association  
Attn: Scholarship Chairman  
775 15<sup>th</sup> Street, Niagara Falls, New York 14301

Niagara Falls U.S.B.C. Bowling Association Scholarship Application  
Application Form **Page One**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last Name Frist Name Middle Name

Address \_\_\_\_\_  
Street City State Zip Code

Phone \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_

Parent/Guardian (Full Names) \_\_\_\_\_

Address/Phone (if different) \_\_\_\_\_

U.S.B.C. Association \_\_\_\_\_ U.S.B.C. Membership # \_\_\_\_\_

When did you start bowling in a Niagara Falls Youth Bowling Program (count current season) \_\_\_\_\_

Offices you held in Youth Leagues (team captain, league officer) and years in each office (count current season)  
\_\_\_\_\_

List any bowling honors and awards \_\_\_\_\_

Name of High School currently attending \_\_\_\_\_

School activities and offices held \_\_\_\_\_  
\_\_\_\_\_

Community, Civic, Church and Work Activities \_\_\_\_\_  
\_\_\_\_\_

Which school of higher education will you be attending \_\_\_\_\_

What is your proposed course of study \_\_\_\_\_

Do you plan to work during your school year \_\_\_\_\_

**To my knowledge, the above statements are true and correct**

Signature of applicant \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_

Please attach any additional information that will be helpful. This application will be reproduced. Type or write clearly in blue or black ink.

**What are your goals and how will this scholarship help you to achieve your goals?  
(please complete essay and send along with page one to chairman of the scholarship committee)**

Niagara Falls U.S.B.C. Bowling Association Scholarship Application  
School Official or Guardian Counselors Data Sheet **Page Two**

Applicants Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Official or guardian counselor; please complete the data sheet in full to enable this student to apply for a scholarship form the Niagara Falls U.S.B.C. Bowling Association. All answers are confidential. Please mail completed data sheet and transcript to the chairman of the scholarship committee at the address below. You must attach transcript of grades.

Name of official or guardian counselor \_\_\_\_\_ Phone # \_\_\_\_\_

School name and address \_\_\_\_\_

Please list the final grades for this applicant for each year in percentages  
Grade 9 \_\_\_\_\_ Grade 10 \_\_\_\_\_ Grade 11 \_\_\_\_\_ Grade 12 \_\_\_\_\_

Current class rank (if available) \_\_\_\_\_

SAT score and/or other aptitude test score (Note, if your school does not have some form of standardized testing, the scholastic evaluation will then be severely affected) \_\_\_\_\_

Extracurricular activities \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please add any additional remarks that you feel would be helpful in evaluating this student. (ex. communication skills, leadership skills, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To my knowledge, the above statements are true and correct**

Signature of school official/guardian counselor \_\_\_\_\_

This form must be postmarked by **April 15, 2020**

Niagara Falls U.S.B.A. Bowling Association  
Attn: Scholarship Chairman  
775 15<sup>th</sup> Street, Niagara Falls, New York 14301

Niagara Falls U.S.B.C. Bowling Association Scholarship Application  
Bowling League Official's Data Sheet **Page Three**

Applicants Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

League Official Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Officers in League \_\_\_\_\_

Name of league(s) in which applicant bowls \_\_\_\_\_

Previous season's average \_\_\_\_\_ Number of games bowled (minimum of 21 games) \_\_\_\_\_

Current season's average \_\_\_\_\_ Number of games bowled (minimum of 21 games) \_\_\_\_\_

Number of years applicant has bowled in youth/junior leagues (include current season) \_\_\_\_\_

In past years, indicate any other leagues applicant has participate in \_\_\_\_\_

Number of league sessions applicant was absent this season \_\_\_\_\_

Does applicant know how to keep score? Yes \_\_\_\_\_ No \_\_\_\_\_

Does applicant observe bowling etiquette? (0-Never 5-Always) 0 1 2 3 4 5

Does applicant show good sportsmanship? (0-Never 5-Always) 0 1 2 3 4 5

Describe applicants sportsmanship \_\_\_\_\_

Does applicant observe league and established rules? Yes \_\_\_\_\_ No \_\_\_\_\_

Does applicant bowl in local/state tournaments? Yes \_\_\_\_\_ No \_\_\_\_\_

Indicate tournaments applicant has participated \_\_\_\_\_

**To my knowledge, the above statements are true and correct**

Signature of League Official \_\_\_\_\_

This form must be postmarked by **April 15, 2020**

Niagara Falls U.S.B.A. Bowling Association  
Attn: Scholarship Chairman  
775 15<sup>th</sup> Street, Niagara Falls, New York 14301

Niagara Falls U.S.B.C. Bowling Association Scholarship Application  
Niagara Frontier League Official Data Sheet **Page Four**

Applicants Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Team Official Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

High School Team \_\_\_\_\_ Bowling Center \_\_\_\_\_

Previous season's average \_\_\_\_\_ Number of games bowled (minimum of 21 games) \_\_\_\_\_

Current season's average \_\_\_\_\_ Number of games bowled (minimum of 21 games) \_\_\_\_\_

Number of years applicant has bowled in youth/junior leagues (include current season) \_\_\_\_\_

Number of years applicant bowled in NFL league (include current season) \_\_\_\_\_

Number of years applicant bowled in High School Teams (count Dec-Feb as one year) \_\_\_\_\_

Number of league sessions applicant was absent this season \_\_\_\_\_

Has applicant acted as a team captain? Yes \_\_\_\_\_ No \_\_\_\_\_

Does applicant know how to keep score? Yes \_\_\_\_\_ No \_\_\_\_\_

Does applicant show good sportsmanship? Yes \_\_\_\_\_ No \_\_\_\_\_

Does applicant observe bowling etiquette? (0-Never 5-Always) 0 1 2 3 4 5

Does applicant show good sportsmanship? (0-Never 5-Always) 0 1 2 3 4 5

Describe applicants sportsmanship \_\_\_\_\_

Does the applicant observe league and established rules? Yes \_\_\_\_\_ No \_\_\_\_\_

Any additional information regarding this applicant \_\_\_\_\_

**To my knowledge, the above statements are true and correct**

Signature of Team Official \_\_\_\_\_

This form must be postmarked by **April 15, 2020**

Niagara Falls U.S.B.A. Bowling Association  
Attn: Scholarship Chairman  
775 15<sup>th</sup> Street, Niagara Falls, New York 14301