

INDIANA STATE USBC YOUTH ASSOCIATION  
**PROPRIETOR OF THE YEAR**  
(ONE NAME PER FORM)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Bowling Center \_\_\_\_\_

Submitted by: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Required) \_\_\_\_\_

Please use the following criteria and attach any documents necessary to convey your candidate's qualifications. You may use letters of recommendation from other people, but please only submit the person one time per year. Multiple letters of recommendation should be provided for evaluation processes.

PLEASE PRINT OR TYPE ALL INFORMATION AS THESE AS THEY ARE COPIED AND SUPPLIED TO ALL COMMITTEE MEMBERS FOR EVALULATION.

**EVALULATION CRITERIA – BASED ON PRESENT SEASON ONLY**

SOMETHING SPECIAL THIS PERSON HAS DONE THIS YEAR

INVOLVEMENT WITH THE YOUTH BOWLING PROGRAM

WHY YOU FEEL THIS PERSON QUALIFIES FOR THIS AWARD – BE VERY SPECIFIC.

OTHER INFORMATION:

USBC OFFICES HELD (LOCAL/STATE OR NATIONAL) HELD

OFFICES OR AFFILIATIONS WITH ORGANIZATIONS OUTSIDE THE BOWLING COMMUNITY

**APPLICATIONS MUST BE SUBMITTED BY MIDNIGHT JULY 1 TO:**

**ISUSBCYA**

**ATTN: SCHOLARSHIP COMMITTEE**

**54644 28<sup>TH</sup> STREET**

**SOUTH BEND, IN 46635**