

MADISON AREA JUNIOR BOWLING ASSOCIATION

WILLIAM VITENSE SCHOLARSHIP

APPLICANT'S PERSONAL DATA

FORM #1.

- 1) Application Date: - -
(MM) (DD) (YY)
- 2) Applicant's Name: _____
(Last) (First) (M.I.)
- 3) Applicant's Address: _____
(Street) (City) (St) (Zip)
- 4) Birthdate: Age: Telephone: _____
(MM) (DD) (YY)
- 5) Parent or Guardian's Name: _____ Living: Yes No
- 6) High School Information:
 - A) Name: _____
 - B) Address: _____
(Street) (City) (St) (Zip)
 - C) List activities in which you have participated in since March of your Junior year to present time.

 - D) List the Honors, Awards or other Special Recognition you have received.

- 7) College Information (College you have been accepted at):
 - A) College Name: _____
 - B) College Address: _____
(Street) (City) (St) (Zip)
 - C) Proposed Course of Study _____
 - D) Will you attend college if scholarship is not granted? Yes No

8) List the Out of School activities which you participated in since March of your Junior year until the present time, including church, scouting, junior achievement, volunteer work, etc.

9) List the employment you have had since March of your Junior year, excluding summer.

Employment	Estimated Number of Hours Per Week	Supervisor's Name	Telephone Number