

MADISON AREA JUNIOR BOWLING ASSOCIATION

WILLIAM VITENSE SCHOLARSHIP

BOWLING INFORMATION

FORM #2

1) Application Date: - -
(MM) (DD) (YY)

2) Applicant's Name: _____
(Last) (First) (M.I.)

3) Applicant's Address: _____
(Street) (City) (St) (Zip)

4) MAJBA Membership Sanction Number: _____

5) Name of League(s) currently participating in:

- A) _____
- B) _____
- C) _____

6) Number of Years MAJBA/YABA member: _____

7) Attendance Record : Excellent Good Poor

8) League Office(s) held, Current and Past:

League Office	Year

9) Number of Years participated in Wis. State Team Tournament: _____

10) Other Tournaments and Bowling Activities:

Tournament/Bowling Activities	Year	Explanation

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) Does He or She set a good example for bowling etiquette: Yes No

Comment: _____

) Does He or She show league leadership qualities while bowling: Yes No

Comment: _____

) Coaches overall evaluation and additional comments:

) Coaches Information:

A) Name: _____
(First) (M.I.) (Last)

B) Address: _____
(Street) (City) (State) (Zip)

C) Signature: _____

Before April 1, Please return this Bowling Information, Form #2, to the applicant.
Place in envelope provided and seal the envelope.
Write on the envelope the applicant's name, date, and your signature.
Thank you for your assistance and cooperation.