

MADISON AREA JUNIOR BOWLING ASSOCIATION

WILLIAM VITENSE SCHOLARSHIP

HIGH SCHOOL DATA

FORM #3

1) Applicant's Name: _____

2) High School Information:

A) Name: _____

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

3) Applicant Data:

A) National Standard Score: _____ A.C.T. S.A.T.

B) Seven Semester Cumulative Grade Point Average: _____

C) Number in Graduating Class: _____

D) Class Rank _____

E) Personality Record: _____

F) Additional comments that would be helpful in evaluation: _____

G) Please attach grade transcript.

4) Person Filling out this form:

A) Name: _____
(Please print your name)

B) Title: _____

C) Telephone Number: _____

D) Signature: _____

E) Date: ____ - ____ - ____
(MM) (DD) (YY)

Before April 1, Please return this High School Data, Form #3, to the applicant.

Place in envelope provided and seal the envelope.

Note on the envelope the applicant's name, date, and your signature.

Thank you for your assistance and cooperation.