



REQUEST FOR SCHOLARSHIP FUNDS

Name: _____

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

Phone: (_____) _____ Social Security No. or Student ID: _____

Amount of funds requested: **\$ _____
(State All, if you wish all funds sent)

Reimburse me for: _____
(Example: Tuition, Books, Etc, must include receipt showing payment for this item.)

or

Send check to the institution:
** Check with the institution and see if and when, they will accept funds for you!!

Institutions Name: _____

Attn: _____
(Find out what department the institution wants the check sent too)

Address: _____
(Street)

City: _____ State: _____ Zip: _____

Signature of person requesting the funds: _____

(Printed Name)

Mail to: Pennsylvania State USBC Youth Association
Attn: Jay Daryman, Association Manager
809 Nightlight Dr
York PA 17402-8809

of Fax to: (877) 797-3571

You may e-mail requests, but they must contain all the above information.

E-mail request to: jdaryman@bowlpa.org

**Only fill out one form for the amount you are requesting and not one form for each scholarship letter you received.