



George Riley Youth Bowling Scholarship Application

Due date: March 15, 2021

Two scholarships of \$500 each will be awarded:
one male and one female senior bowler of the Cincinnati Public Schools in the name of **George Riley**.
Any youth, who will graduate high school in 2021 and has an overall G.P.A of 2.5 or higher is eligible to apply for this scholarship.

Please Print or Type:

Applicant's Name: _____
(first) (m.i.) (last)

Male Female : ____ (please check one)

Address: _____

(city) (state) (zip code)

Phone Number: (____) _____ Email Address: _____@_____._____

Name of High School: _____

G.P.A. _____ (must be 2.5 or higher)

Signature of guidance counselor to verify: _____

Mother/Legal Guardian's Name: _____

Telephone: _____ Email: _____

Father/Legal Guardian's Name: _____

Telephone: _____ Email: _____



APPLICANT'S NAME: _____

LIST YOUR MOST IMPORTANT ACCOMPLISHMENT BELOW AND ATTACH YOUR RESUME

USBC INVOLVEMENT, HIGH SCORE, VOLUNTEER EXPERIENCE, HONORS AND AWARDS, ETC.

SCHOOL, CHURCH, COMMUNITY INVOLVEMENT, VOLUNTEER EXPERIENCE, HONORS AND AWARDS, ETC.



*We hereby declare, to the best of our knowledge,
that all statements in this application are complete and true.*

Applicants Signature: _____ **Date:** _____

Parents' Signature: _____ **Date:** _____



APPLICANT'S NAME: _____

APPLICANT'S PERSONAL STATEMENT

Please provide your personal statement regarding the following questions. "What are your future plans, why do you think you should receive this scholarship award and what are your goals to assist your community? Please limit to 500 words or less.

APPLICANT'S SIGNATURE: _____ DATE _____



APPLICANT'S NAME _____

USBC MEMBER'S RECOMMENDATION PAGE
(CANNOT BE RELATED TO THE APPLICANT)

NAME: _____

EMAIL ADDRESS: _____ TELEPHONE: _____

Please write a statement expressing your knowledge of the applicant, including any positions the applicant and/ or their parents/legal guardian have in USBC.

RECOMMENDER'S SIGNATURE: _____ DATE: _____

Return By _____ to:

GCUSBC
ATTENTION: SCHOLARSHIP COMMITTEE
4761 MADISON ROAD
CINCINNATI, OH 45227



APPLICANT'S NAME _____

SCHOOL OFFICIAL'S RECOMMENDATION PAGE
(CANNOT BE RELATED TO THE APPLICANT)

NAME: _____

EMAIL ADDRESS: _____ TELEPHONE: _____

(RECOMMENDATION MAY BE ATTACHED ON YOUR LETTERHEAD)

Please write a statement expressing your knowledge of the applicant, including school activities, organization athletic teams, volunteer experiences, awards and applicant's potential to be successful at a university or college.

RECOMMENDER'S SIGNATURE: _____ DATE: _____

Return By _____ to:

**GCUSBC
ATTENTION: SCHOLARSHIP COMMITTEE
4761 MADISON ROAD
CINCINNATI, OH 45227**



APPLICANT'S NAME _____

COMMUNITY LEADER, CHURCH OFFICIAL, EMPLOYER, ETC.,
RECOMMENDATION PAGE
(CANNOT BE RELATED TO THE APPLICANT)

NAME: _____

EMAIL ADDRESS: _____ TELEPHONE: _____

(RECOMMENDATION MAY BE ATTACHED ON YOUR LETTERHEAD)

Please write a statement expressing your knowledge of the applicant, including how long you have known them, involvement in your organization and the applicant's potential for success in college.

RECOMMENDER'S SIGNATURE: _____ DATE: _____

Return By _____ to:

GCUSBC
ATTENTION: SCHOLARSHIP COMMITTEE
4761 MADISON ROAD
CINCINNATI, OH 45227