

**NEW YORK STATE WOMEN'S 600 BOWLING CLUB**  
**PAT ZONNEVILLE MEMORIAL EDUCATIONAL AWARD**  
**GRADUATING HIGH SCHOOL FEMALE**

**ELIGIBILITY:** Any graduating high school female who has applied to a school of higher education (college, university, vocational, technical) is eligible to receive the Educational Award, providing the student meets the following requirements:

1. A member of a league or High School Bowling Team certified by USBC and is in good standing for the current season.
2. Has bowled a minimum of 39 games within the current season or at least 18 games within current High School season
3. Is sponsored by a CURRENT MEMBER OF THE NYSW 600 BOWLING CLUB.
4. Submits an application giving complete information as required by March 1st.
5. Application to be submitted to the Chairman of the Committee.

**EDUCATIONAL AWARD:** Scholarship money will be administered by the **USBC SMART PROGRAM** and will be available until the recipient reaches the age of 22 as of August 1<sup>st</sup>. Recipients will receive complete information directly from **SMART** as soon as the Scholarship Committee forwards their information. All questions and/or requests for extensions must be directed to **SMART.**

**APPLICATION PROCEDURE:**

1. Check with your League Official, School Official or Counselor, and your NYSW 600 Bowling Club sponsor to make sure all of the application pages have been mailed. Thank them for their help and cooperation. Incomplete applications will not be considered.
2. All pages must be returned to the Chairman by March 1st.

Any questions, contact the Chairman, or the New York State Women's 600 Bowling Club Office at (585-367-8394). For additional applications visit our web site – [www.NYSW600Club.com](http://www.NYSW600Club.com).

Mrs. Connie Canfield, Chairman  
1288 Scribner Hollow Road  
East Jewett, NY 12424-5538  
(518) 589-5319  
[cmc600ed@gmail.com](mailto:cmc600ed@gmail.com)

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**APPLICATION**

Applicant's Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone ( ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Parents/Guardians Full Name \_\_\_\_\_

\_\_\_\_\_  
(Applicants Signature) (Parent/Guardian Signature)

NYS USBC Youth Membership # \_\_\_\_\_ League/High School Name \_\_\_\_\_

Bowling Center \_\_\_\_\_

Community & Civic Activities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Colleges applied to \_\_\_\_\_  
\_\_\_\_\_

School you plan to attend \_\_\_\_\_ Course of Study \_\_\_\_\_

Are you currently working? Yes \_\_\_ No \_\_\_

Will you work while attending school? Yes \_\_\_ No \_\_\_

Please state briefly why you consider yourself a viable candidate for this award \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** Please send to Chairman **by March 1<sup>st</sup>**

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**LEAGUE OFFICIAL/COACH EVALUATION SHEET**

Applicants Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

(Last) (First) (Middle)

Address \_\_\_\_\_ E-Mail \_\_\_\_\_

(Street) (City) (State) (Zip)

**LEAGUE OFFICIAL/COACH NAME** \_\_\_\_\_

Address \_\_\_\_\_

(Street) (City) (State) (Zip)

Phone (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Avg as of JAN.1<sup>ST</sup> (Min.39 games/Min. 18 games-HS) \_\_\_\_\_ Center/ HS Name \_\_\_\_\_

Number of year’s applicant has bowled in a NYS USBC Youth League/HS Team \_\_\_\_\_

League offices held by Applicant \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bowling Honors & Awards (To be filled out by applicant) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please state briefly why she is a viable candidate for this award \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature of League Official/Coach)

\_\_\_\_\_  
(Date)

**NOTE:** Please send to Chairman by **March 1<sup>st</sup>**.

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**SCHOOL OFFICIAL OR COUNSELOR'S EVALUATION SHEET**

Applicants Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ E-Mail \_\_\_\_\_  
(Street) (City) (State) (Zip)

**OFFICIAL/COUNSELOR** School \_\_\_\_\_  
(Name)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone (\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**YOU MUST ATTACH TRANSCRIPT OF GRADES**

**(ALL ANSWERS WILL BE KEPT CONFIDENTIAL)**

GRADE 9 \_\_\_\_\_

GRADE 10 \_\_\_\_\_

GRADE 11 \_\_\_\_\_

Class Rank \_\_\_\_\_

School Activities & Offices Held \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(FAILURE TO FILL IN BLANKS COULD DISQUALIFY CANDIDATE)**

Please state briefly why you consider the applicant a viable candidate. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Signature)

(Position)

(Date)

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**SPONSOR’S EVALUATION SHEET**

**YOU MUST BE A CURRENT MEMBER OF THE NYS WOMEN’S 600 BOWLING CLUB TO  
SPONSOR A CANDIDATE**

Applicants Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ E-Mail \_\_\_\_\_  
(Street) (City) (State) (Zip)

**SPONSOR’S NAME** \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

USBC Membership Number \_\_\_\_\_ Local USBC Association \_\_\_\_\_

NYSW 600 Bowling Club Number \_\_\_\_\_ Local 600 Bowling Club \_\_\_\_\_

Relationship to Applicant (If Any) \_\_\_\_\_

Number of years you have known the applicant \_\_\_\_\_

Please state briefly why you consider the applicant a viable candidate \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Sponsor’s Signature)

\_\_\_\_\_  
(Date)

**NOTE:** Please send to Chairman by **March 1<sup>st</sup>**.

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