

NEW YORK STATE WOMEN'S 600 BOWLING CLUB
EDUCATIONAL AWARD DESIGNED FOR THE CONTINUING
EDUCATION OF A FEMALE

ELIGIBILITY: Any female who is twenty (20) years of age or older **as of JANUARY 15TH**, AND who has been accepted/or is continuing her education in an approved school of higher education (college, university, vocational, technical) is eligible to receive this Educational Award provided the student meets the following requirements:

1. Is sponsored by a **CURRENT MEMBER OF THE NYS WOMEN'S 600 BOWLING CLUB.**
2. Completes an application and mails it by **JANUARY 15TH** of any year. Application to be submitted to the Chairman of the Educational Award Committee.

EDUCATIONAL AWARD: An Award will be given each year at the discretion of the Committee.

APPLICATION PROCEDURE:

1. Check with the former/present school official or employment supervisor and your sponsor to make sure the application papers have been completed and mailed. Thank them for their help and cooperation. You should do this by December 31st to insure that your application is complete.
2. All pages must be returned to the Chairman by **JANUARY 15TH**.

Any questions, contact: the Chairman, or the New York State Women's 600 Bowling Club Office at (315) 483-8612. Additional applications are available on our web site NYSW600Club.com.

Connie Canfield, Chairman
1288 Scribner Hollow Road
East Jewett, NY 12424-5538
(518) 589-5319

**NEW YORK STATE WOMEN'S 600 BOWLING CLUB
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APPLICATION

Applicant's Name _____
(Last) (First) (Middle)

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

Telephone (____) _____ E-Mail _____

Age of Applicant _____ Year of High School Graduation _____

Marital Status: Sgl..____ Mar.____ Wid.____ Div.____ # of Children ____ Ages _____

Were you a Youth Bowler? ____ # of Years _____

Are You a USBC Member? ____ # of Years _____

Are you a CURRENT member of the NYSW600BC? ____ # of Years ____ Member # _____

Name of Local Association _____ Name of Local 600 Club _____

Community/Civic/School Activities: _____

What work experience have you had? _____

What school of Higher Education are you attending or plan to attend? _____

What will be your status at that school: _____ Hours Completed: _____

Major _____ Grade Point Average _____

Educational Goal _____

Please state briefly why you consider yourself a viable candidate for this award: _____

(Applicants Signature)

(Date)

NOTE: Please send to Chairman by **JANUARY 15TH**.

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**NEW YORK STATE WOMEN'S 600 BOWLING CLUB
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SCHOOL OFFICIAL/EMPLOYMENT SUPERVISOR EVALUATION SHEET

Applicant's Name _____

Address _____

(Street)

(City)

(State)

(Zip)

SCHOOL OFFICIAL/EMPLOYMENT SUPERVISOR _____

(Name)

(School/Business)

Address _____

(Street)

(City)

(State)

(Zip)

Phone () _____

E-Mail _____

In what capacity do you know the applicant and how long? _____

Please state briefly why you consider the applicant a viable candidate for this award: _____

Additional Information: _____

(Signature of School Official/Employment Supervisor) (Position) (Date)

NOTE: Please send to the Chairman by **JANUARY 15TH**.

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SPONSOR'S EVALUATION SHEET

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

Applicant's Name _____

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

SPONSOR'S NAME _____

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

Phone (____) _____ E-Mail _____

New York State Women's 600 BC Member # _____ Local 600 Club _____

Relationship to Applicant (if any) _____

Please state briefly why you consider the applicant a viable candidate for this award and how long you have known her. _____

Additional Information: _____

Sponsor's Signature

(Date)

NOTE: Please send to Chairman by **JANUARY 15TH**

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