

OWENSBORO BOWLING ASSOCIATION SCHOLARSHIP FUND

School Official or Counselor Evaluation & Data Sheet

Applicant's Name: _____
(last) (First) (Middle)

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

Name of Official or Counselor: _____

Address: _____ Phone: _____

Official or Counselor: Please complete this sheet to enable this student to apply for a scholarship through the Owensboro Bowling Association. All answers will be kept confidential. Please mail the completed sheet and a copy of the applicant's transcript to the Owensboro Bowling Association. This must be postmarked no later than May 1, 2026, to make the applicant eligible.

****PLEASE ATTACH A TRANSCRIPT OF GRADES WITH ACT AND SAT SCORES****

List grade point averages (based on 4.0 scale) for the following quarter:

Grade	Q1 GPA	Q2 GPA	Q3 GPA	Q4 GPA
Freshman				
Sophomore				
Junior				
Senior				

SAT/ACT Score: _____ Class Rank: _____

Personality Record:

Activities inside school besides classroom work:

Any additional remarks you think would be helpful in evaluating this applicant. Please note Honors, or High-Level Classes:

Signature of Official or Counselor: _____ Date: _____

Position or Title: _____

Send applications to Owensboro Bowling Association Scholarship Committee. 2542 Dillard Court. Owensboro, KY 42301