

## VA STATE BLAKE HARRISON MEMORIAL STAR OF TOMORROW SCHOLARSHIP

10440 Malone Court  
Fairfax, Virginia 22032

Dear High School Graduating Senior,

Enclosed you will find the application forms required for the VA State Blake Harrison Memorial Star of Tomorrow Scholarship. This scholarship will be awarded to at least one female and one male high school graduating senior. The award amounts and the number of scholarships awarded each year are given at the discretion of the committee.

The committee will meet in May to evaluate the applications and select the recipients for the 2017 scholarships. You will be notified of the winners.

The application must be returned no later than **March 15<sup>th</sup> of your graduating year.** **Only complete applications will be considered. Please read all of the attached pages carefully.**

Send your application to:

Kristen H. Robinson  
VA State Blake Harrison Memorial Star of Tomorrow Scholarship  
10440 Malone Court  
Fairfax, Virginia 22032

Should you have any questions concerning the application or about the scholarship, please give me a call (703) 426-1625 or send an email [bhmscholarship@gmail.com](mailto:bhmscholarship@gmail.com).

Sincerely,

Kristen H. Robinson, Chairperson  
VA State Blake Harrison Memorial  
Star of Tomorrow Scholarship

## **VA STATE BLAKE HARRISON MEMORIAL STAR OF TOMORROW SCHOLARSHIP**

If the applicant has special circumstances, i.e. physically handicapped, mentally retarded, etc. please call the scholarship secretary for how to apply for special funds.

Step 1) Completely fill out page 1.

Step 2) Give pages 1 and 2 to your league coach and ask him/her to sign page 1 and fill out and sign page 2. Have them mail page 1 and 2 to:

Kristen H. Robinson  
Blake Harrison Memorial Star of Tomorrow Scholarship  
10440 Malone Ct.  
Fairfax, VA 22032.

Step 3) Have your parent or guardian fill out page 4. Give pages 3 and 4 to a school official or counselor. Ask the school official or counselor to fill out page 3 and mail it along with your transcript (including grades for the first half of your senior year) by **March 15th** to: Kristen H. Robinson

Blake Harrison Memorial Star of Tomorrow Scholarship  
10440 Malone Ct.  
Fairfax, VA 22032

Step 4) Have your parent or guardian fill out page 5. Mail this to the scholarship chairperson with your essay by **March 15th**.

Step 5) Write an essay of at least 150 words describing why you wish to attend college/trade school and your future goals. Mail your essay along with page 5 by

**March 15th** to: Kristen H. Robinson  
Blake Harrison Memorial Star of Tomorrow Scholarship  
10440 Malone Ct.  
Fairfax, VA 22032

Step 6) Check with the school official and coach by March 13<sup>th</sup>, to make sure the application papers and transcript have been mailed.

### **ELIGIBILITY REQUIREMENTS**

Any graduating high school senior is eligible to apply for this scholarship providing the student:

- A) Files and application furnished by the Scholarship Fund, giving complete information as required thereon, before March 15<sup>th</sup>, of any year with the Secretary of the scholarship committee
- B) Must have unimpaired amateur standing in all athletics.
- C) Must be a member of a league certified in the State of Virginia by the USBC and be in good standing for the current season.

**VA STATE BLAKE HARRISON MEMORIAL  
STAR OF TOMORROW SCHOLARSHIP**

**SCHOLARSHIP APPLICATION**

NAME \_\_\_\_\_ Male or Female

ADDRESS \_\_\_\_\_

\_\_\_\_\_ CITY STATE ZIP CODE

DATE OF BIRTH \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

USBC CERTIFICATION # \_\_\_\_\_

SCHOOL YOU ARE NOW ATTENDING \_\_\_\_\_

HOW LONG HAVE YOU BEEN IN THE USBC (YABA) PROGRAM? \_\_\_\_\_ YEARS

OFFICES HELD IN THE YOUTH LEAGUES (TEAM CAPTAIN, SECRETARY,  
ETC.) \_\_\_\_\_

ARE YOU ACTIVE IN THE LOCAL YOUTH ASSOCIATION WORK? \_\_\_\_\_

ARE YOU ACTIVE IN CLASS OR SCHOOL ORGANIZATIONS? \_\_\_\_\_

TO WHAT ACCREDITED EDUCATIONAL FACILITY(S) WILL YOU APPLY A. COLLEGE \_\_\_\_\_  
B. VOCATIONAL \_\_\_\_\_ C. TRADE \_\_\_\_\_ D. OTHER \_\_\_\_\_

TO WHAT EDUCATIONAL INSTITUTION(S) HAVE YOU SENT APPLICATIONS?

\_\_\_\_\_

WHAT WILL BE YOUR COURSE OF STUDY? \_\_\_\_\_

DO YOU PLAN TO WORK WHILE FURTHERING YOUR EDUCATION? \_\_\_\_\_

FATHER'S FULL NAME \_\_\_\_\_

MOTHER'S FULL NAME \_\_\_\_\_

ADDRESS OF BOTH IF NOT THE SAME AS ABOVE

\_\_\_\_\_

TO MY KNOWLEDGE THE ABOVE STATEMENTS ARE CORRECT.

\_\_\_\_\_  
SIGNATURE OF COACH  
Revised 9/2011

\_\_\_\_\_  
SIGNATURE OF APPLICANT

**VA STATE BLAKE HARRISON MEMORIAL  
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**COACH EVALUATION & DATA SHEET**

APPLICANT'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME OF COACH \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME OF BOWLING CENTER IN WHICH APPLICANT BOWLS \_\_\_\_\_

HOW MANY YEARS HAS APPLICANT BOWLED IN YOUTH LEAGUES? \_\_\_\_\_

NUMBER OF GAMES LEAGUE HAS BOWLED THROUGH FEBRUARY 15. \_\_\_\_\_

NUMBER OF GAMES BOWLED BY APPLICANT THROUGH FEBRUARY 15. \_\_\_\_\_

AVERAGE AS OF FEBRUARY 15, (MINIMUM, TWO THIRDS OF LEAGUE GAMES) \_\_\_\_\_

DID APPLICANT BOWL IN LAST CITY TOURNAMENT? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF NOT WAS ONE HELD? \_\_\_\_\_

DID APPLICANT BOWL IN LAST STATE TOURNAMENT? YES \_\_\_\_\_ NO \_\_\_\_\_

**ATTITUDE:**

- A. IS THE APPLICANT HELPFUL TO FELLOW BOWLERS? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES, EXPLAIN \_\_\_\_\_
- B. IS APPLICANT HELPFUL TO COACH? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES, EXPLAIN \_\_\_\_\_
- C. LANE COURTESY VERY GOOD \_\_\_\_\_ GOOD \_\_\_\_\_ FAIR \_\_\_\_\_
- D. SPORTSMANSHIP VERY GOOD \_\_\_\_\_ GOOD \_\_\_\_\_ FAIR \_\_\_\_\_
- E. DOES APPLICANT ABIDE BY THE USBC YOUTH CODE? YES \_\_\_\_\_ NO \_\_\_\_\_

**COACH'S COMMENTS:** (USE SEPARATE SHEET IF NECESSARY):  
PLEASE WRITE ADDITIONAL REMARKS THAT YOU THINK WOULD BE HELPFUL IN  
EVALUATING THIS BOWLER.

\_\_\_\_\_  
SIGNATURE OF COACH  
Revised 9/2011

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COUNSELOR OR TEACHER EVALUATION & DATA SHEET

APPLICANT'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME OF COUNSELOR OR TEACHER \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

COUNSELOR OR TEACHER: Please complete this sheet to enable this student to apply for a scholarship from the Virginia State USBC Youth Scholarship Fund. All information will be confidential. **Please mail page 3 (Counselor or Teacher Evaluation and Data Sheet) and a transcript of the applicant's grades including the first semester of the senior year by March 15<sup>th</sup> to:**

Kristen H. Robinson, Secretary  
Blake Harrison Memorial Star of Tomorrow Scholarship  
10440 Malone Ct.  
Fairfax, VA 22032

ACTIVITIES IN SCHOOL BESIDES CLASSROOM WORK \_\_\_\_\_

ANY ADDITIONAL REMARKS THAT YOU THINK WOULD BE HELPFUL IN EVALUATING THIS STUDENT.

\_\_\_\_\_  
COUNSELOR OR TEACHER SIGNATURE

\_\_\_\_\_  
POSITION  
Revised 9/2011

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**RELEASE FORM FOR STUDENT'S GRADES**

TO WHOM IT MAY CONCERN:

WE, THE UNDERSIGNED, HEREBY CONSENT TO HAVE \_\_\_\_\_  
SCHOOL RELEASE THE GRADES AND OTHER NECESSARY INFORMATION TO THE VIRGINIA  
STATE USBC YOUTH IN ORDER FOR SENIOR STUDENT,  
\_\_\_\_\_, TO APPLY FOR THE SCHOLARSHIP  
BEING OFFERED.

\_\_\_\_\_  
SENIOR STUDENT APPLICANT

\_\_\_\_\_  
PARENT/GUARDIAN

Note: This form should be submitted to the high school when requesting your transcript.

Revised 9/2011

**VA STATE BLAKE HARRISON MEMORIAL  
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**PARENT OR GUARDIAN APPLICATION**

ON THIS FORM EXPLAIN ANY INFORMATION RELEVANT TO THE APPLICANT'S NEED FOR THIS SCHOLARSHIP. INCLUDE FACTORS THAT SHOULD BE BROUGHT TO THE ATTENTION OF THIS SELECTION COMMITTEE. THIS INFORMATION IS ONLY FOR THE INTENDED USE OF THE SELECTION COMMITTEE.

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PARENT OR GUARDIAN SIGNATURE