

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

10440 Malone Court
Fairfax, VA 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 late June to evaluate the applications and select the recipients for the scholarships. You will be notified via email if you have been selected.

The application must be returned no later than **March 31st of your graduating year.** **Only complete applications will be considered. Please read the attached pages carefully.**

Send your application to:

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

Sincerely,

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

**VA STATE BLAKE HARRISON MEMORIAL
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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 31st** 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 31st**.

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 31st** 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 13th, 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 31st, 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.

-1-

VA STATE BLAKE HARRISON MEMORIAL STAR OF TOMORROW SCHOLARSHIP

SCHOLARSHIP APPLICATION

NAME _____ Circle: Male or Female

ADDRESS _____

_____ CITY STATE ZIP CODE

DATE OF BIRTH _____ PHONE NUMBER _____

E-MAIL ADDRESS _____

USBC CERTIFICATION # _____

HIGH SCHOOL YOU ARE CURRENTLY ATTENDING _____

HOW LONG HAVE YOU BEEN IN THE USBC YOUTH 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 1/2019

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 1/2019

**VA STATE BLAKE HARRISON MEMORIAL
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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 31st 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 1/2019

-4-

**VA STATE BLAKE HARRISON MEMORIAL
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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 1/2019

-5-

**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.

PARENT OR GUARDIAN SIGNATURE

Revised 1/2019