



# HAMILTON & DISTRICT TENPIN BOWLING ASSOCIATION

Bill Bailey Scholarship Fund  
Application for Scholarship

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Parents or Guardian (full names): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of High School: \_\_\_\_\_

CTF sanction number: \_\_\_\_\_

How long have you been in the CTF (YABA) program? (count current season as one year): \_\_\_\_\_

Offices held in Local Youth Leaders: \_\_\_\_\_

Offices held in Provincial Youth Leaders: \_\_\_\_\_

Bowling Honours and Awards: \_\_\_\_\_

School activities and offices held: \_\_\_\_\_

Community and Civic activities: \_\_\_\_\_

What School of higher learning do you wish to attend: \_\_\_\_\_

Have you applied?: \_\_\_\_\_ Have you been accepted?: \_\_\_\_\_

What is your proposed majors(s)? : \_\_\_\_\_

To my knowledge, the above statements are correct.

\_\_\_\_\_  
Signature of Coach

\_\_\_\_\_  
Signature of Applicant



# HAMILTON & DISTRICT TENPIN BOWLING ASSOCIATION

Bill Bailey Scholarship Fund  
Coach's Evaluation and Data Sheet

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Coach: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Number of years applicant has bowled in youth leagues. (Count current season as one year): \_\_\_\_\_

Offices held by applicant in youth leagues and number of years in each office (Count current season as one year)

\_\_\_\_\_ years as President

\_\_\_\_\_ years as Vice President

\_\_\_\_\_ years as Secretary

\_\_\_\_\_ years as Treasurer

\_\_\_\_\_ years as Team Captain

\_\_\_\_\_ years as Youth Leader

Number of league sessions was absent this season. \_\_\_\_\_

Average as of March 15 (minimum two-thirds of league games) \_\_\_\_\_

Does applicant know how to keep score? \_\_\_\_\_

Does applicant observe bowling etiquette and sportsmanship? \_\_\_\_\_

Does applicant observe league and bowling center rules? \_\_\_\_\_

Does applicant set a good example for other bowlers? \_\_\_\_\_

Additional Remarks : \_\_\_\_\_

Note to Coach : Please send application, your Evaluation Sheet and the applicant's essay to:

Bill Bailey Scholarship  
c/o H&DTBA – Association Mgr.  
603 Eaglewood Dr  
Hamilton, ON L8W 3J8

APPLICATION IS TO BE FILED NO LATER THAN **APRIL 1<sup>ST</sup>**

\_\_\_\_\_  
Signature of Coach

\_\_\_\_\_  
Date

## **BILL BAILEY SCHOLARSHIP FUND – INSTRUCTION TO THE APPLICANT**

### **ELIGIBILITY RULES**

Any high school student is eligible to receive a scholarship, providing the student meets with the following requirements:

- A. Files an application furnished by the Bill Bailey Scholarship Fund Committee, giving complete information as required thereon. Application is to be filed with the Association Manager of the Hamilton & District Tenpin Bowling Association **before April 1<sup>st</sup> of any year.**

Bill Bailey Scholarship  
c/o H&DTBA – Association Mgr.  
603 Eaglewood Dr.  
Hamilton, ON L8W 3J8

- B. Has unimpaired amateur standing in bowling
- C. Is a current member in good standing of a CTF sanctioned league?

### **APPLICATION PROCEDURE:**

1. Fill out the application entirely.
2. Write an essay of at least 100 words stating your specific school of higher learning and future plans. Judging will be based on the inclusion of specific plans, clarity, organization and logic.
3. Give your league coach your essay, the completed application form, Coach's Evaluation and Data Sheet, and an address stamped envelope. Ask your Coach to fill in the Evaluation and Data Sheet entirely, then mail no later than April 1<sup>st</sup> all of these forms to the address noted above.
4. Give the School Official/Counselor's Evaluation Sheet to one of your teachers or your counselor with an address stamped envelope. Ask him/her to fill in the Evaluation and Data Sheet entirely and the mail no later than April 1<sup>st</sup> all of these forms to the Address noted above.
5. Check with your coach and teacher or counselor by March 25<sup>th</sup> to make sure all the application papers have been mailed. Thank them for their help and cooperation.



# HAMILTON & DISTRICT TENPIN BOWLING ASSOCIATION

Bill Bailey Scholarship Fund  
School Official or Counselor's Evaluation and Data Sheet

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Official or Counselor : \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Official or Counselor: Please complete this sheet to enable this student to apply for a scholarship from the Bill Bailey Scholarship Fund. All answers will be confidential. Please mail completed sheet to:

Bill Bailey Scholarship Fund  
c/o H&DTBA – Association Mgr.  
603 Eaglewood Dr.  
Hamilton, ON L8W 3J8

Application must be filled out and returned no later than April 1<sup>st</sup>.

Class rank \_\_\_\_\_ Attendance at school: \_\_\_\_\_

General attitude toward classmates and teachers: \_\_\_\_\_

Personality record: \_\_\_\_\_

Activities in school besides classroom work: \_\_\_\_\_

Any additional remarks you think would be helpful in evaluation of this student:

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

\_\_\_\_\_  
Signature of Official or Counselor

Date: \_\_\_\_\_