

Bert Horner Memorial Scholarship  
&  
Cathy Cooper Scholarship

\$1,000 FIRST YEAR  
RENEWABLE - \$500 FOR 3 ADDITIONAL YEARS

Application & Instructions

**NEW DEADLINE---JUNE 1**



# Bert Horner Memorial Scholarship and Cathy Cooper Scholarship Application Instructions and Information

Be sure that you read and follow all of the instructions completely. It is very important that you fill out all of the information on these forms. Remember that there is a deadline of **June 1** to have the forms returned to the Scholarship Committee. If your forms are not postmarked by the deadline, they will not be scored. There will be no exceptions for any reason!

**While we encourage High School Juniors to take these forms, please remember that you must be a graduating Senior bowling in an Indiana sanctioned YABA League to be considered for this scholarship.**

The Bert Horner Scholarship is distributed in two payments of \$500 as is the Cathy Cooper Scholarship. The procedure to claim the scholarship funds must be followed. They are outlined on attachment 1 of this application.

## **Check List**

1. Fill out page 1 of the scholarship completely and the top of pages 2 and 3. \_\_\_\_\_
2. Complete an essay of one to two pages and include it with your application. This essay **MUST BE HANDWRITTEN** and include the following information:
  - What are your plans for the future? \_\_\_\_\_
  - What college you plan to attend? \_\_\_\_\_
  - Why you picked that college? \_\_\_\_\_
  - Are you planning to work while at college? \_\_\_\_\_
  - If you are going to work, where and why? \_\_\_\_\_
3. Page 2 was give to a league official along with a stamped envelope addressed to the chairman of the scholarship committee.
  - Checked to ensure page 2 was sent. \_\_\_\_\_
4. Page 3 was given to your school guidance counselor along with a stamped envelope addressed to the chairman of the scholarship committee .
  - Checked to ensure page 3 was sent. \_\_\_\_\_

Remember that it is your responsibility to make sure that the forms get filled out and returned on time. This checklist was designed to assist you in ensuring that all the steps were completed.

The scoring of the applications and essays will take place in mid-July and the winners will be notified. They will be given formal recognition at the Kathryn Hotzel Banquet during Jamboree. If you would like a list of the winners, send a letter of request and a self-addressed stamped envelope to the committee chairman.

Scholarship Committee Chairman: **Tim Fye**  
**Scholarship Committee Chairperson**  
**54644 28<sup>th</sup> Street**  
**South Bend, IN 46635**  
**(574) 272-4923**

# Bert Horner Memorial & Cathy Cooper Scholarship Application

(To be completed by Applicant)

Name \_\_\_\_\_ SSN \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City Zip

Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_

Parents or Guardians (Full Name) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City Zip

YABA Membership Number \_\_\_\_\_ Name of High School \_\_\_\_\_

How long have you been in a Youth Bowling Program? \_\_\_\_\_ Years

Number of years you served as a league officer /youth leader? \_\_\_\_\_ Years

Number of years you served as a team captain? \_\_\_\_\_ Years  
(current season counts as one (1) year)

Offices held in Local Youth Leader Organization: \_\_\_\_\_

Offices held in State Youth Leader Organization: \_\_\_\_\_

Bowling honors and awards: \_\_\_\_\_

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

Community and civic activities: \_\_\_\_\_

To what schools have you applied: \_\_\_\_\_

To what schools have you been accepted: \_\_\_\_\_

Which school will you attend: \_\_\_\_\_

What is your proposed course of study: \_\_\_\_\_

Do you plan to work during your school years: \_\_\_\_\_ Yes \_\_\_\_\_ No

**TO MY KNOWLEDGE, THE ABOVE STATEMENTS ARE TRUE AND CORRECT.**

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

\_\_\_\_\_  
**Signature of Parent or Guardian**

(Use reverse side for additional information if necessary)

- **Please note that the social security number is required by colleges/universities and is used for identification purposes.**

# Bert Horner Memorial & Cathy Cooper Scholarship Application

(To be completed by YABA League Official)

Name \_\_\_\_\_ SSN \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City Zip

League Official's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City Zip

Number of years applicant has bowled in youth/junior leagues? \_\_\_\_\_ Years

Number of years applicant has served as a league officer /youth leader? \_ Years

Number of years applicant has served as a team captain? \_\_\_\_\_ Years  
(current season counts as one (1) year)

Number of league sessions applicant was absent THIS season:

\_\_\_\_\_ Excused \_\_\_\_\_ Unexcused

Does applicant know how to keep score: \_\_\_\_\_ Yes \_\_\_\_\_ No

Does applicant observe good bowling etiquette and sportsmanship: \_\_\_\_\_ Yes \_\_\_\_\_ No

Does applicant observe league and establishment rules: \_\_\_\_\_ Yes \_\_\_\_\_ No

Does applicant set a good example for other bowlers: \_\_\_\_\_ Yes \_\_\_\_\_ No

Did applicant bowl in the Local Tournament: \_\_\_\_\_ Yes \_\_\_\_\_ No

- If the State Tournament was held in your City and no local tournament was held and the applicant bowled in the State Tournament, mark the YES answer.

Did applicant bowl in the State Tournament: \_\_\_\_\_ Yes \_\_\_\_\_ No

Additional remarks (continue on reverse side if necessary)

---

---

---

YABA Coach: Please complete and return this form along with the applicant's completed form and essay in the accompanying pre-addressed envelope. All answers and comments will be confidential. **MUST** be postmarked not later than midnight **June 1**.

**TO MY KNOWLEDGE, THE ABOVE STATEMENTS ARE TRUE AND CORRECT.**

\_\_\_\_\_  
Signature of League Official

# Bert Horner Memorial & Cathy Cooper Scholarship Application

(To be completed by Counselor)

Name \_\_\_\_\_ SSN \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City Zip

Counselor's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City Zip

School Counselor: Please complete this form to enable this student to apply for a Scholarship from the Indiana State Young American Bowling Alliance Scholarship Fund. All answers and comments will be confidential. Please mail completed forms and transcript in the accompanying pre-addressed envelope. These forms **MUST** be postmarked no later than midnight **July 1.**

You **MUST** attach a transcript of grades.

Also, please list the grade point average (**based on a 4.0 scale**) for the following semesters. **(Failure to fill in the blanks below could disqualify the applicant.)**

Grade 9. Semester 1 \_\_\_\_\_  
\_\_\_\_\_

Grade 11. Semester 1

Grade 9. Semester 2 \_\_\_\_\_  
\_\_\_\_\_

Grade 11. Semester 2

Grade 10. Semester 1 \_\_\_\_\_  
\_\_\_\_\_

Grade 12. Semester 1

Grade 10. Semester 2 \_\_\_\_\_  
\_\_\_\_\_

Grade 12. Semester 2

Senior Class Ranking: \_\_\_\_\_  
\_\_\_\_\_

Number of students in Senior Class:

Extracurricular Activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional remarks you believe would be helpful in evaluating this applicant [including ability to communicate]: (continue on reverse side if necessary)

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

\_\_\_\_\_  
**Signature of Counselor**

\_\_\_\_\_  
**Position**

**INDIANA STATE YOUNG AMERICAN BOWLING ALLIANCE  
SCHOLARSHIP POLICY**

To: Scholarship Winner

Amount of Scholarship Award: \$ \_\_\_\_\_

**POLICY GOVERNING SCHOLARSHIP**

1. Your scholarship funds may be utilized for educational purposes at any accredited university/college in the United State or Canada as well as for training at approved trade schools, business schools, beauty schools, etc. However, prior to applying for funds for such training, you must furnish the ISYABA with complete details regarding the school training to be pursued, length of training, etc. The ISYABA will advise you if the course is approved for the use of the scholarship funds and its decision shall be final.
2. Scholarship funds may be utilized for TUITION, ROOM, BOARD, AND BOOKS. Any other items must be brought to our attention for consideration.
3. Your scholarship is not contingent upon grades. However, if for any reason you should leave school permanently, any remaining funds would revert back to the general scholarship fund. We must be promptly notified should this occur.
4. In any event you receive other scholarship awards for tuition or other charges, you are to advise us so our committee may consider payment of this award to you in such manner as to assure the funds will be used in support of your educational pursuits.

**UTILIZING YOUR SCHOLARSHIP FUNDS**

1. Advise the ISYABA that you have been accepted or have entered an accredited university or college, trade school, etc. The scholarship funds awarded to you become available upon your admission to and matriculation at the school.
2. Or, have your college or university advise us of these details, and we will handle the matter directly with them. Either way, we must have their verification. An extra copy of this outline and award letter is enclosed for presentation to the school of your choice so they can be completely familiar with our requirements, procedures, etc.
3. As you receive itemized billings from your school, they should be forwarded promptly to the ISYABA Treasurer. Such billings will be paid directly to the school until your award has been expended.
4. Or, have your school bill us directly (itemizing expenses) and payment will be made directly to the school. A copy of all correspondence will be sent to you for your records.

Please contact the Treasurer of the ISYABA if you have any questions or problems. His name and address, with telephone number is:

James Lipp, Treasurer  
6433 East Washington Street, Suite 132  
Indianapolis, IN 46219  
(317) 351-1050

Attachment A