



# CERTIFICATE OF ENROLLMENT AND ATTENDANCE FOR NOR CAL BC YOUTH BOWLING SCHOLARSHIP

This is to certify that I have enrolled and I am in full time attendance at:

\_\_\_\_\_, located in \_\_\_\_\_  
(Name of College or University) (City, State)

and hereby apply for the NOR CAL BC YOUTH BOWLING SCHOLARSHIP in the amount

of: \$ \_\_\_\_\_  
Tournament or Event Year Award

Scholarship was awarded for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed by: \_\_\_\_\_  
(Scholarship Recipient) Please Print Full Name Date

Student ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Countersigned By: \_\_\_\_\_  
(University Bursar or Registrar)

Present Address of Student: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Time Phone Number: (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Applicants have until their 22<sup>nd</sup> birthday to Claim their Scholarship Money.

Address of College where check is to be mailed: College: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_

Send Completed Application along with Proof of Enrollment to:  
Northern California Bowling Centers  
1024 Serpentine Lane, Suite 116  
Pleasanton, CA 94566-4734  
Phone: 925-485-1855 - Fax: 925-485-1858  
E-mail: [sandit@norcalbowling.com](mailto:sandit@norcalbowling.com)  
[www.norcalbowling.com](http://www.norcalbowling.com)

For Office Use Only:

Date Paid \_\_\_\_\_  
Cashiers Check #: \_\_\_\_\_  
Account: \_\_\_\_\_