

**GEORGIA STATE USBC YOUTH ASSOCIATION  
COLLEGE SCHOLARSHIP AID APPLICATION**

*Application Deadline - Postmark by February 15<sup>th</sup>*

1. \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
Full Name (PRINT) Date of Birth Age on Aug 1st
2. \_\_\_\_\_  
Street Address City State Zip Telephone Number

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

3. \_\_\_\_\_  
Current USBC Membership # Member of League Local Association

4. How many years have you been certified as a Georgia Youth Member of USBC? \_\_\_\_\_

5. Name of college you are attending? \_\_\_\_\_

6. Circle Current College Level: Freshmen Sophomore Junior

7. Number of hours carrying per semester \_\_\_\_\_.

8. **Required** >>>> Complete "College" Transcript including all grades enclosed? \_\_\_\_\_

9. Are you or will you be receiving any financial aid or scholarships? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, from whom \_\_\_\_\_

Estimate the total amount of financial aid that you will receive \$\_\_\_\_\_.

10. Parents Occupation? Father \_\_\_\_\_ Mother \_\_\_\_\_

**Check box for Parents Approximate Combined Income:**

[ ] Under \$35,000 [ ] \$35,001 - \$50,000 [ ] \$50,001 - \$70,000 [ ] Over \$70,001

11. School activities: \_\_\_\_\_

12. After school jobs and how many hours do you work a week? \_\_\_\_\_

13. Attached any Recommendations Yes \_\_\_\_\_ No \_\_\_\_\_ **Date App submitted** \_\_\_\_\_

All supporting documentation included Transcript and Recommendations must be mailed together with your scholarship application. **Application Deadline - Postmark by February 15<sup>th</sup>.** Applicants should utilize Checklist on the back side of Application.

John Topper – Scholarship Chairman  
Georgia State USBC College Scholarship  
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Email: Topdog803@gmail.com - Phone: (229) 726-7058

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