

IOWA HIGH SCHOOL BOWLING FEDERATION

REQUEST FOR SCHOLARSHIP FUNDS

To be completed by Scholarship Recipient

NAME _____ PHONE _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

SS# _____ HIGH SCHOOL _____

YEAR OF GRADUATION _____

FUNDS TO BE USED FOR: (tuition, room, board, books and specialized equipment
incidental to higher learning)

Scholarship Recipient Signature

NAME OF COLLEGE/TRADE SCHOOL
ATTENDING _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ CONTACT
PERSON _____

MAIL OR FAX COMPLETED FORM WITH PROOF OF ENROLLMENT TO:

IOWA HIGH SCHOOL BOWLING FEDERATION
2518 CLARKSON AVENUE
DES MOINES IA 50310
FAX # 515-255-8915
QUESTIONS CALL 515-255-0808