

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

This is to certify that I have enrolled in at le	ast 9 units or more at:		
	, located in		
(Name of College or University)		, located in(City, State)	
and hereby apply for the NOR CAL BC YO	OUTH BOWLING SCHOLARSHI	P 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 Bir	Date of Birth:	
Countersigned By:(Univer	sity Bursar or Registrar)		
Present Address of Student:			
City:	State:	Zip:	
Day Time Phone Number: ()	E-mail_		
Applicants have ur	ntil their 22 <sup>nd</sup> birthday to Claim the	eir Scholarship Money.	
Address of College where check is to be ma	iled: College:		
	Address:		
	City:	State: Zip:	
	Phone: ()		
Send Completed Application along with Pro	oof of Enrollment to:  Northern California Bowling Cen	ters	

2715 W Kettleman Ln Suite 203-353 Lodi, CA 95242 Phone: 925-485-1855 - Fax: 925-485-1858

Phone: 925-485-1855 - Fax: 925-485-185 E-mail: <u>cindys@norcalbowling.com</u> www.norcalbowling.com