

Lloyd D. Russell Memorial Scholarship Application

COACH'S FORM

This Form must be sent separate from the youth's application form

Bowler Applicant's name (please print) _____

Bowler's League Center Name _____

Center's Address _____

Coach's Name _____

Coach's Phone (_____) _____

COACH REMARKS ABOUT APPLICANT:

Number of years applicant has been known to you? _____

Does applicant bowl in your league? _____

Does applicant observe good bowling etiquette and sportsmanship? _____

Does applicant observe league and establishment rules? _____

Does applicant set a good example for other bowlers? _____

Any other remarks about applicant: (example: does applicant help with other leagues, tournaments, associations, etc.)

Signature _____ Date _____

Complete and Mail To: Joy Kellenbarger
2026 Lake Road, SE
Lancaster, Ohio 43130