## COACH'S EVALUATION TO BE COMPLETED BY APPLICANT'S COACH

Applicant's Name:Association:			
Coache's Complete	Address /Phone:		_
			_
1. How many years	has applicant boy	vled in youth league?	
2. Number of game	s league has bowl	ed through March 1:	
3. Number of game	s applicant has bo	wled through March 1:	
4. Did applicant joi	n league after the	league began?	
5. If "Yes" to #4, g March 1:		nes missed since joining through	
6. Average as of M Games):	• •	duating year (minimum of 15	
Average:	Total Pins:	Number of games:	_
7. Has applicant ev			
League Pres		Secretary	_
Vice Preside		Treasurer	_
Local Yout		Youth Coach	_
State Youth	ı Leader	Team Captain	_
8. Did applicant bo	wl in last year's st	ate tournament?	

## Mail completed Coach's Evaluation to: George Kaminsky, Chairman

George Kaminsky, Chairman Hawkins, Payment, Tinman South Carolina USBC Youth Scholarship Committee 105 Aberdare Lane Greenville, SC 29615 (864) 292-1762

Thanks in advance for your prompt attention to this evaluation, Application deadline is March 15 of your graduating year.

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