



OREGON STATE GRAND PRIX YOUTH SCHOLARSHIP PROGRAM

Request to Freeze Funds

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grad Year \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Phone \_\_\_\_\_ email \_\_\_\_\_
Bowling Center(s) scholarships awarded thru \_\_\_\_\_

Reason for request: (If you have moved, please make sure to add his/her new address.)

Multiple horizontal lines for writing the reason for request.

The Grand Prix Committee will review your request and you will receive a notice on the status of the review within 10 days.

Please submit complete form to

Oregon State Grand Prix Scholarship Program
500 West C St, Silverton, OR 97381
oregongrandprix@gmail.com (503) 509-1174

Office Use Only

Scholarship Amount to Freeze \$ \_\_\_\_\_ Freeze Date End \_\_\_\_\_