



KING PIN LANES JR BOWLING SCHOLARSHIP PROGRAM

Request for Scholarship Funds

Student's Name

Student ID #

is requesting that the scholarship funds in the amount of \$ _____

be sent to the following:

School: _____

Address: _____

City, State, Zip: _____

**Please return this request to: King Pin Lanes
404 S Fond du Lac Avenue
Campbellsport, WI 53010
Email: linda@kingpinlanes.net**

Call Linda or Cary with any questions #920-533-8392

*****Please note you must complete one semester of school prior to receiving your funds. Please complete this form and return with a second semester invoice.**

