



**WISCONSIN STATE BOWLING PROPRIETORS ASSOCIATION
GRAND PRIX SCHOLARSHIP PROGRAM**

..... a unique scholarship program for the youth bowlers



Request to Freeze Fund Form

Name: _____ G.P. ID # _____

Address _____ City _____

Phone # _____ State _____ Zip _____

Home Bowling Center _____

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

The Grand Prix Committee will review your request and you will receive a notice on the status of the review in the mail.

Please submit complete form to:

**The Foundation of the
WISCONSIN BOWLING PROPRIETORS ASSOCIATION
21140 W. Capitol Drive, Suite #5, Pewaukee, WI 53072
(262) 783-4292 Fax (262) 783-4590**

Office Use Only

Scholarship Amount to Freeze \$ _____ Freeze Date End _____