

TRANSFER OF RECIPIENT SCHOLARSHIP FUNDS

SMART policy allows Recipients to transfer funds to another family member. This form is to be used for transfer of scholarship funds to a family member and <u>must be signed for **EACH** request</u>.

By signing this form, I affirm I am 21 years of age and the individual I am transferring funds to:

- 1. Has been a USBC member for at least four (4) years.
 - USBC membership can be either youth, adult, or any combination thereof.
 - Does not have to be a current USBC member.
 - Does not need to be consecutive years.

| | | | | - / | | | |
|---|-------------------|---|--------|-----------------------|----------|--|--|
| 2. Can use the funds within eight (8) years of their high school graduation. | | | | | | | |
| 3. | | ifies as my family as he/s Spouse | | he is my: □ Son | | Daughter | |
| | | Stepchild | | Foster Child | | Adopted Child | |
| | | A Descendant | | Sibling | | Stepsibling | |
| | | Brother/Sister-in-law | | First Cousin | | First Cousin Spouse | |
| | | Aunt | | Uncle | | Aunt/Uncle Spouse | |
| | | Niece | | Nephew | | Niece/Nephew Spouse | |
| 4. Must agree to the transfer. I understand once I have funds transferred to another individual, I have no claim on these scholarship funds. | | | | | | | |
| in an effo | rt to d Congre | defraud SMART, I underst ess, and I may have to pa | and th | nis could result in m | y suspen | s application or other documents sion by the United States y/all remaining funds in my | |
| I AUTHORIZE THE TRANSFER OF \$ TO: | | | | | | | |
| Recipient's Name: | | | | | USE | USBC #: | |
| Recipient's E-mail (if known): | | | | | | | |
| Signature: | | | | | _ Date | Date: | |
| Print Name: USBC #: (You can find your USBC ID on your profile page in the SMART Portal.) | | | | | | | |
| Email address: | | | | | _ Phon | Phone #: | |
| | | | | Send to: | | | |
| | | | | | | | |

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