



HALL OF FAME APPLICATION

MISSION STATEMENT

The purpose of the Arkansas State USBC Hall of Fame is to recognize and honor adult members of the Arkansas State USBC for their outstanding achievements, conduct as a bowler and their service to the bowling community throughout the State.

Categories for the Hall of Fame are Meritorious Service and Performance for Adult Men and Women.

HALL OF FAME ELIGIBILITY

1. To be eligible for consideration for induction into the Arkansas State USBC Hall of Fame, a candidate must be or have been an adult member of the Arkansas State USBC or one of its predecessors for a minimum of 15 years as an adult member.
2. Must be at least 35 years of age as of August 1st.
3. Must have demonstrated good sportsmanship and integrity both on and off the lanes and not had their USBC (ABC/WIBC) membership suspended.
4. Hall of Fame members from the previous Arkansas State BA and WBA will be grandfathered into the Arkansas State USBC Hall of Fame.

INSTRUCTIONS

To submit a candidate for consideration into the Arkansas State USBC Hall of Fame, fill out the application form for the specific category and return to the Arkansas State USBC Hall of Fame Chairperson by April 1 of the current year either by mail or e-mail. **Any application received after April 1 of the current year will result in the nominee being disqualified for consideration for the current year.** Any additional information to be added to application after submittal must be received no later than April 15. All applications will be reviewed by the Arkansas State USBC Hall of Fame Committee to determine completeness and eligibility. **Failure to meet eligibility requirements or properly complete the application form will result in immediate disqualification.**

Mail To: ASUSBC Hall of Fame Chairperson

Dena Bunch

608 Maria Street

Springdale, AR 72762 rdbunch1@att.net

Adopted 1-18-2020

Updated 8-16-26

**ARKANSAS STATE USBC HALL OF FAME
INFORMATION FORM**

APPLICANT BACKGROUND INFORMATION

Full Name			
Street Address			
City, State and Zip Code			
Alias(es); (i.e. Maiden Name)			
Date of Birth (MM/DD/YY)	/	/	LIVING: ☐ DECEASED: ☐
USBC Membership Number			
Gender: (Circle)	Male Female		
Home Phone: (With Area Code)			
Cell Phone: (With Area Code)			
Email Address			
Local Association Applied Through			
Local Association(s) Currently Bowling			
Local Association(s) Previously Bowled			

Select Category for Application

Meritorious Service Complete Pages 2-5		Performance Complete Pages 2, 6 -8	
Combined (Service & Performance) Complete Pages 2-8			

Person Submitting Application or Parent of Star of Tomorrow Applicant

Full Name	
Street Address	
City, State and Zip Code	
Phone: (With Area Code)	

With my signature below, I acknowledge all information presented on these forms to be true, correct and complete. Signature of Candidate_____ **Date**_____

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Meritorious Service

Bowler Information Form Must Accompany This Form

Office Held			
Office	No. Of Years	Year(s) Served	State
State Association	Example: 3	11, 13-14	
President			
Manager/Executive Director			
Vice-President			
Sergeant-At-Arms			
Secretary (pre USBC merge)			
Treasurer (pre USBC merge)			
Director			
Local Association	No. Of Years	Year(s) Served	State
President			
Manager/Executive Director			
Vice-President			
Sergeant-At-Arms			
Secretary (pre USBC merge)			
Treasurer (pre USBC merge)			
Director			
Bowling League	No. Of Years	Year(s) Served	State
President			
Secretary/Treasurer Combined			
Secretary			
Treasurer			
Vice-President			
Sergeant-At-Arms			
Youth Official/Supervisor			
Certified Coach			
National (Indicate Office/Position)	No. Of Years	Year(s) Served	

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Meritorious Service – Continued

Delegate	No. Of Years	Year(s) Served
State Annual Meeting		
National Annual Meeting		

<u>Committee Work</u>		
State Committee	No. Of Years	Year(s) Served
Finance and Budget		
Audit		
Legislative		
Tournament		
Youth		
Hall of Fame		
Operations		
Credentials		
Charity Organizations		
Other:		
Local Committee	No. Of Years	Year(s) Served
Finance and Budget		
Audit		
Legislative		
Tournament		
Youth		
Hall of Fame		
Operations		
Charity Organizations		
Other:		

Note: Please attach a detailed list of the positions listed above with Association Name, League Name, etc.

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Meritorious Service – Continued

National Committee (Indicate Committee)	No. Of Years	Year(s) Served
1.		
2.		
3.		

Other Organizations (Outside of Bowling)		
Organization Name & Positions/Title – List 3	No. Of Years	Year(s) Served
1.		
2.		
3.		

Special Awards/Honors/Citations (Example: Local Hall of Fame Member, Life Member, Bowler Of The Year, Etc.)		
Title/Name of Award/Citation – List 2	Organization Name	Year(s)
1.		
2.		
3.		
Other Pertinent Information Vital To Applicant For Meritorious Service		
Other Comments and Attach 2 Letters of Recommendations		

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PERFORMANCE

Bowler Information Form Must Accompany This Form

SECTION A:

TOURNAMENT COMPETITION:

(List years competed and any achievements. Attach additional sheets if needed)

ARKANSAS STATE OPEN:

ARKANSAS STATE WOMEN'S :

ARKANSAS STATE MIXED:

ARKANSAS STATE SENIOR OPEN:

ARKANSAS STATE SENIOR WOMEN:

ARKANSAS STATE MASTERS:

ARKANSAS STATE QUEENS:

USBC OPEN CHAMPIONSHIP:

USBC WOMEN'S CHAMPIONSHIP:

USBC SENIOR OPEN:

USBC SENIOR WOMEN:

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Performance – Continued

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USBC MASTERS:	
USBC SENIOR MASTERS:	
USBC QUEENS:	
USBC SENIOR QUEENS:	
LOCAL ASSOCIATION OPEN:	
LOCAL ASSOCIATION WOMENS:	
LOCAL ASSOCIATION MIXED:	
LOCAL ASSOCIATION SENIOR:	
YOUTH BOWLING:	
OTHER CERTIFIED TOURNAMENTS:	

NUMBER OF YEARS PARTICIPATED IN STATE CHAMPIONSHIP TOURNAMENT(S):
(List Tournament Name and Number of Years of Participation)

BOWLING ACHIEVEMENTS:

LOCAL:

HIGHEST SANCTIONED LEAGUE AVERAGE
WITH 64 OR MORE GAMES – TOP 2:

STATE AWARDS, SCORING ACHIEVMENTS OR RECOGNITIONS – LIST YEAR:

HIGHEST GAME:	
HIGHEST SERIES:	
HIGHEST AVERAGE:	

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Performance – Continued

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TOP 3 HONOR SCORES:

INDIVIDUAL STATE AWARD:

LOCAL HALL OF FAME:

LOCAL RECOGNITION AWARD:

OTHER TOURNAMENTS: – USE SEPARATE SHEET IF NEEDED:

OTHER PERTINENT INFORMATION VITAL TO APPLICANT FOR PERFORMANCE:

LETTERS OF RECOMMENDATION – PROVIDE 2

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