



“Michael T. Demchak”

\$ 1,000

**Scholarship offered by the
Florida Space Coast USBC BA, Inc.**

**The Board of Directors of the Florida Space Coast USBC BA is offering
a \$1,000 MICHAEL T. DEMCHAK Scholarship to one graduating
student, from any high school in Brevard County.
The recipient must meet the following requirements.**

- 1. Be a Graduating student from Brevard County High School.**
- 2. Be one of the following:**
 - a. An amateur member of the United States Bowling Congress; or**
 - b. An amateur Youth member of USBCY BA; or**
 - c. The child/relative of a current member of the Florida Space Coast USBC BA**
- 3. Rank in the top 50% of his or her class, or hold an overall GPA
of 3.5 or Higher.**

Applicant must complete the application form, and submit the following:

- 1. Letter of recommendation from member of the school staff (principal, coach, teacher)**
- 2. SAT or ACT TEST SCORES**
- 3. Record of High School grades through the first semester of senior year.**

**Turn to Back Side for Application.
(Mail Completed Application to Address Below)**

**Mark Stout (Scholarship)
6349 Hudson Rd
Cocoa, Fl 32927**

Applications Must Be Received each year by March 1.

MICHAEL T. DEMCHAK SCHOLARSHIP APPLICATION

STUDENT INFORMATION: Please print legibly or type each answer in the space provided. If required, attach separate sheet, referencing the question number to the response.

1. Name: _____ Phone: _____ Age: ___ M/F: _____

2. Street Address: _____
City: _____ Zip: _____

3. School: _____ School Phone: _____

4. Graduation Date: _____ SAT/ ACT Scores: _____

5. Grade Point Average: _____ Class Rank: _____

6. Colleges to which you are applying:

7. Extracurricular Activities:

8. Civic and Community Awards:

9. Awards and Recognitions:

10. Member of United States Bowling Congress? (Yes / No) Sanction #: _____

11. Member of the Florida Space Coast USBC BA? (Yes/No) _____

12. Member of the USBCY? (Yes/No) _____

13. Parent(s) a member(s) of USBC WBA or FSC USBC BA (Yes/No) _____

14. His/Her Name: _____

Name and Address of individual submitting a letter of recommendation:

Applicant must submit this form and the following documents:

MAIL APPLICATION TO:

Mark Stout (Scholarship)
6349 Hudson Rd
Cocoa, Fl. 32927

1. Letter of recommendation from school staff.
2. SAT or ACT scores.
3. Record of HS Grades through the 1st semester.

Application must be received by: MARCH 1