



**“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*