

# MICHAEL T. DEMCHAK SCHOLARSHIP APPLICATION

*Offered by the Florida Space Coast USBC BA*

*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 Bowling Association? (Yes/No) \_\_\_\_\_
12. Member of the USBC Youth? (Yes/No) \_\_\_\_\_
13. Parent(s) Current Member(s) of USBC and FSCBA (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:**

1. Letter of recommendation from member of the school staff.
2. SAT or ACT scores.
3. Record of High School Grades through the first semester.

*Application must be received by: MARCH 15, 2008*

**MAIL APPLICATION TO:**

John Stepke (FSCBA Scholarship)

• 2586 Burns Ave • Melbourne, Fl. 32935 •