



**“Lola Spurgeon” Scholarship**  
**“Michael T. Demchak” Scholarship**

**\$ 1,000 each**

**Scholarship offered by the Space Coast  
USBC Bowling Association.**

**The Board of Directors of the Space Coast USBC Bowling  
Association is offering each of these scholarships to a  
graduating student who meets the following requirements:**

- 1. Be a Graduating senior from a high school in east central Florida.**
- 2. Be one of the following:**
  - a. A member of the Space Coast USBC; or**
  - b. The child/relative of a current member of the Space Coast USBC**
- 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 ~~APRIL 15~~ MAY 15.**

## 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 Space Coast USBC? (Yes / No) \_\_\_\_\_ Member No.: \_\_\_\_\_

11. Relatives(s) a member(s) of Space Coast USBC? (Yes/No) \_\_\_\_\_

12. 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: ~~APRIL 15~~ MAY 15*